2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State
03-15-2005 90353 011 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000011357

1. Entity Name

STEPHEN GARBER, CPBA, CPVA, LLC

Principal Place of Business	Mailing Address
6923 CUMBERLAND TERRACE UNIVERSITY PARK FL 34201 US	6923 CUMBERLAND TERRACE UNIVERSITY PARK FL 34201 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GARBER, STEPHEN
6923 CUMBERLAND TERRACE
UNIVERSITY PARK FL 34201

7. Name and Address of New Registered Agent

Name: GARBER, NORMA
Street Address (P.O. Box Number is Not Acceptable): 6923 CUMBERLAND TERRACE
City: UNIVERSITY PARK FL Zip Code: 34201

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ✓ Norma Garber
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	GARBER, STEPHEN		NAME		
STREET ADDRESS	6923 CUMBERLAND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	UNIVERSITY PARK FL 34201		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARBER, NORMA		NAME		
STREET ADDRESS	6923 CUMBERLAND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	UNIVERSITY PARK FL 34201		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓ Norma Garber 4/22/05 941 3512808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Single person in Business
no employees
don't need FEI

talked to Ms. Tom 28-56850 on 4/22/05