

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90131 005 ****50.00

DOCUMENT # L04000038293

1. Entity Name
COUTURE & LERNER, LLC



Principal Place of Business
5741 DEWEY ST
HOLLYWOOD, FL 33023

Mailing Address
5741 DEWEY ST
HOLLYWOOD, FL 33023

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2465755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent:

COUTURE, STEPHEN
3406 DEAN STREET
NAPLES, FL 34104-3304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ~~COUTURE, STEVE~~
STREET ADDRESS ~~1947 GORDON RIVE LANE~~
CITY-STATE-ZIP ~~NAPLES, FL 34104~~

TITLE ☒ Change ☐ Addition
NAME Stephen Couture
STREET ADDRESS 1565 Dolphin Lane
CITY-STATE-ZIP Naples, FL 34102

TITLE MGR ☐ Delete
NAME ~~LEANER, LARRY~~
STREET ADDRESS ~~9499 COLLIS AVE. UNIT 8 E~~
CITY-STATE-ZIP ~~MIAMI BEACH, FL 33154~~

TITLE ☒ Change ☐ Addition
NAME Larry Lerner
STREET ADDRESS 9999 Collins Ave., #9E
CITY-STATE-ZIP Bal Harbour FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Larry Lerner* X LARRY LERNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 3/12/07 X 3056214801
Date Daytime Phone #