

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000039286

1. Entity Name

JANICE SUSSMAN ASSOCIATES LLC



Principal Place of Business

20320 FAIRWAY OAKS DR.
C/O SUSSMAN
BOCA RATON, FL 33434

Mailing Address

20320 FAIRWAY OAKS DR.
C/O SUSSMAN
BOCA RATON, FL 33434



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1123209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSSMAN, JANICE
20320 FAIRWAY OAKS DR.
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME: MGRM
SUSSMAN, JANICE
STREET ADDRESS
CITY- ST- ZIP 20320 FAIRWAY OAKS DR.
BOCA RATON, FL 33434

TITLE
NAME:
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME:
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME:
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME:
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME:
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #