

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041598

1. Entity Name
GIVEFUN.COM, LLC



Principal Place of Business
2727 HILOLA STREET
COCUNUT GROVE, FL 33133 US

Mailing Address
1437 PLEASANT OAKS PLACE
THOUSAND OAKS, CA 91362

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0518218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN-GONZALEZ, MELINDA
2727 HILOLA STREET
COCUNUT GROVE, FL 33133

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAZ, MIRI
4934 VIA CAMINO
THOUSAND OAKS, CA 91320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABERSON, TAMMY
4934 VIA CAMINO
THOUSAND OAKS, CA 91320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROWN-GONZALEZ, MELINDA
2727 HILOLA STREET
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRASSINGTON, MARILU
1437 PLEASANT OAKS PLACE
THOUSAND OAKS, CA 91362

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000958784
09/03/08-80001-017 138.75

**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 #