

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # L04000048299

1. Entity Name
CHINA FOB, LLC



Principal Place of Business
**15959 NW 15TH AVENUE
MIAMI, FL 33169**

Mailing Address
**15959 NW 15TH AVENUE
MIAMI, FL 33169**



05162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1304675

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARR, NEAL E
15959 NW 15TH AVENUE
MIAMI, FL 33169**

**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

**Filing Fee is \$50.00
Due by September 14, 2007**

U00000765057
05/31/07-80023-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FARR, NEAL E
15959 NW 15TH AVENUE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KRAMER, JEFFREY A
15959 NW 15TH AVENUE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROSENFELD, WILLIAM W
15959 NW 15TH AVENUE
MIAMI, FL 33169**

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 #

305-
623-6995
5/15/2007