

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049957

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** LAFERME & ASSOCIATES, LLC

**Current Principal Place of Business:**

3395 FRANKLIN AVENUE # D  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

4876-118 PRINCESS ANNE ROAD  
102  
VIRGINIA BEACH, VA 23462 US

**Current Mailing Address:**

3395 FRANKLIN AVENUE # D  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

4876-118 PRINCESS ANNE ROAD  
102  
VIRGINIA BEACH, VA 23462 US

**FEI Number:** 20-1335562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAFERME, PENNY  
3395 FRANKLIN AVENUE # D  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

CASANOVA, MARIA  
4705 NW 7TH STREET  
401  
MIAMI, FL 33126 US

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.

SIGNATURE: MARIA CASANOVA

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LAFERME, CATHERINE  
Address: 3395 FRANKLIN AVENUE # D  
City-St-Zip: COCONUT GROVE, FL 33133 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAFERME, CATHERINE  
Address: 4876-118 PRINCESS ANNE ROAD  
City-St-Zip: VIRGINIA BEACH, VA 23462 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CATHERINE LAFERME

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date