

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-22-2008 90513 043 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000050090 1. Entity Name ELIAS TAPLIN, LLC																																																																																																																													
Principal Place of Business 555 S.W. 12TH AVENUE New SUITE 101 POMPANO BEACH, FL 33069 US			Mailing Address 555 S.W. 12TH AVENUE address SUITE 101 POMPANO BEACH, FL 33069 US																																																																																																																										
2. Principal Place of Business - No P.O. Box Suite, Apt., etc. City & State Zip Country			3. Mailing Address Suite, Apt., etc. City & State Zip Country																																																																																																																										
4. FEI Number 77-0641475			Applied For ☐ Not Applicable																																																																																																																										
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required																																																																																																																										
6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J ESQ 2701 LE JEUNE ROAD, SUITE 404 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 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 of person named in 6. Registered Agent and fee if applicable) (FEE: Registered Agent signature is not required) DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">8. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">9. ADDITIONAL CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ELIAS, SHILA</td> <td></td> <td>STREET ADDRESS</td> <td>555 S.W. 12TH AVENUE SUITE 101</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>POMPANO BEACH, FL 33069</td> <td></td> <td>CITY, ST, ZIP</td> <td>POMPANO BEACH, FL 33069</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						8. MANAGING MEMBERS/MANAGERS			9. ADDITIONAL CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ELIAS, SHILA		STREET ADDRESS	555 S.W. 12TH AVENUE SUITE 101		CITY, ST, ZIP	POMPANO BEACH, FL 33069		CITY, ST, ZIP	POMPANO BEACH, FL 33069		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP		
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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 person or person empowered to execute this report as required by Chapter 609, Florida Statutes.																																																																																																																													
SIGNATURE: <u>Shila Elias Taplin</u> SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																													

30000000





ATTACHMENT

30009664

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2008

ELIAS TAPLIN, LLC
6499 POWERLINE RD.
SUITE 205
FORT LAUDERDALE, FL 33309 US

new - Elias Taplin LLC
555 SW 12th Ave
Suite 101
Pompano Beach FL
33069

Subject: ELIAS TAPLIN, LLC

Reference Number: L04000050090

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/TC
ANNUAL REPORTS SECTION