

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000053651**

1. Entity Name

**BARRY & HELENE CORSO, LLC**



Principal Place of Business

**1590 N W 10TH AVENUE**

**403**

**BOCA RATON, FL 33486 US**

Mailing Address

**1590 N W 10TH AVENUE**

**403**

**BOCA RATON, FL 33486 US**



01102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0764691**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORSO, BARRY F**

**1590 N W 10TH AVENUE**

**403**

**BOCA RATON, FL 33486**

**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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CORSO, BARRY F  
STREET ADDRESS 1590 N W 10TH AVENUE # 403  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE MGR  
NAME CORSO, HELENE  
STREET ADDRESS 1590 N W 10TH AVENUE # 403  
CITY-ST-ZIP BOCA RATON, FL 33486

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

U00000496487  
04/22/06-80016-005 50.00

**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 #