

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000057054

1. Entity Name
LCSB22, LLC



Principal Place of Business
9095 S.W. 87 AVENUE, SUITE 777
MIAMI, FL 33176

Mailing Address
9095 S.W. 87 AVENUE, SUITE 777
MIAMI, FL 33176

FILED

08 MAR -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1468934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R
9095 S.W. 87 AVENUE, SUITE 777
MIAMI, FL 33176

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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

No Change

(Signature, typed or printed name of registered agent and then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MITCHELL, JAMES R
9095 S.W. 87 AVENUE, SUITE 777
MIAMI, FL 33176

TITLE
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CITY-ST-ZIP

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03/25/08--01045--004 **866.25

**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)

James R. Mitchell 3/10/08
305-270-0870