

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90061 016 \*\*\*\*50.00

**DOCUMENT # L04000062294**

1. Entity Name

**GOLDBERG, RUBIN AND STEIN L.L.C.**



Principal Place of Business

**11622 PURPLE LILAC CIRCLE  
ORLANDO FL 32837**

Mailing Address

**P.O. BOX 771077  
ORLANDO FL 32877-107**

**20004181**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

**7041 GRAND NATIONAL DR NE**

3. Mailing Address

Suite, Apt. #, etc.

Suite 128 I

City & State

**ORLANDO FL**

City & State

4. FEI Number

**20-1528250**

Applied For

Not Applicable

Zip

**32819**

Country

**ORANGE**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JHINA, SAMIR  
11622 PURPLE LILAC CIRCLE  
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME JHINA, SAMIR  
STREET ADDRESS 11622 PURPLE LILAC CIR  
CITY-ST-ZIP ORLANDO FL 32819

TITLE MGR ☐ Delete  
NAME REYES, RICARDO  
STREET ADDRESS 350 MORNING CREEK CIR  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SAMIR JHINA**

**01-20-05**

**407-226-6868**

Date

Daytime Phone #