


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90101 030 ***138.75

DOCUMENT # L04000073445	
1. Entity Name ACCESS TRANSFER, LLC	

Principal Place of Business 1112 WESTON ROAD #297 FT. LAUDERDALE, FL 33326	Mailing Address 1112 WESTON ROAD #297 FT. LAUDERDALE, FL 33326
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00011621



2. Principal Place of Business - No P.O. Box # 1150 Fairfax Lane	3. Mailing Address 1150 Fairfax Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272008 Chg-LLC CR2E083 (12/06)

City & State Weston FL	City & State Weston FL
Zip 33326	Zip 33326
Country USA	Country USA

4. FEI Number 02-0593247	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WALDMAN, ALLAN 16558 NE 26TH AVE. NORTH MIAMI BEACH, FL 33160	
7. Name and Address of New Registered Agent Name Roselle Friedman Street Address (P.O. Box Number is Not Acceptable) 1150 Fairfax Lane City Weston FL Zip Code 33326	

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: Roselle Friedman <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, CORY 9173 WEST SUNRISE BLVD. PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Friedman, Roselle 1150 Fairfax Lane Weston FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Roselle Friedman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 2-27-2008 954-384-6529 <small>Daytime Phone #</small>