

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090950

Entity Name: PORT ST. LUCIE FLEX, LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

5455 N. FEDERAL HIGHWAY
SUITE I-4
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

5455 N. FEDERAL HIGHWAY
SUITE I-4
BOCA RATONS, FL 33487

New Mailing Address:

FEI Number: 34-2038263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, RONEN
5455 N. FEDERAL HIGHWAY
SUITE I-4
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDENBERG, DAVID
Address: 5455 N. FEDERAL HIGHWAY, STE I-4
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM () Delete
Name: SHAKED, DANNY
Address: 5455 N. FEDERAL HIGHWAY, STE I-4
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM () Delete
Name: STEINBERG, JONATHAN
Address: 5455 N. FEDERAL HIGHWAY, STE I-4
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM () Delete
Name: STEINBERG, FRANK
Address: 5455 N. FEDERAL HIGHWAY, STE I-4
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN SHAKED

MGRM

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date