

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000036

FILED
Apr 19, 2005
Secretary of State

Entity Name: BECCA, CASSSERLY & DARBY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

18233 N.W. 20TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18233 N.W. 20TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECCA, SHARON
18233 N.W. 20TH STREET
PEMBROKE PINES, FL 33029 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/MEMBERS:

Title: MGR () Delete
Name: BECCA, SHARON
Address: 18233 N.W. 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: CASSERLY, SIMON P.J.
Address: 18233 N.W. 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: DARBY, RENE
Address: 18233 N.W. 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON G. BECCA

MGR

04/19/2005

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