## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

SIGNATURE:

## May 07, 2008 8:00 am Secretary of State **DOCUMENT #L05000018548** 05-07-2008 90018 011 \*\*\*138.75 1. Entity Name DON HORWITZ, LLC Principal Place of Business Mailing Address **PUB33340** 660 NW 125TH STREET 660 NW 125TH STREET NORTH MIAMI, FL 33168 NORTH MIAMI, FL 33168 US lace of Business - No P.O. Box 3. Mailing Address 05012008 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent Name **BSPA CORPORATE SERVICES, INC** 200 SOUTH BISCAYNE BLVD **SUITE 1000** MIAMI, FL 33131 City 8. The above named antity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered age SIGNATURE! DATE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Addition ☐ Change TITLE ☐ Delete TITLE HORWITZ, DON NAME NAME 660 NW 125TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33168 CITY - ST - ZiP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ontrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED