

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-05-2006 90034 030 ****50.00

DOCUMENT # L05000021799	
1. Entity Name LAW OFFICES OF BERESFORD A. LANDERS, JR., PLLC	



Principal Place of Business 1393 S.W. 1ST STREET 420B MIAMI, FL 33135 US	Mailing Address 310 N.W. 84TH TERRACE MIAMI, FL 33150 US
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30010999



2. Principal Place of Business		3. Mailing Address 1393 SW 1st STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 420-A	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33135	DADE

05022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 35-2248830	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LANDERS, BERESFORD A JR. 310 N.W. 84TH TERRACE MIAMI, FL 33150		7. Name and Address of New Registered Agent Name LANDER BERESFORD A. JR. Street Address (P.O. Box Number is Not Acceptable) 1393 SW 1st STREET & 420-A City MIAMI FL Zip Code 33135	
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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 *Beresford A. Landers Jr.*

5-2-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDERS, BERESFORD A JR. 310 N.W. 84TH TERRACE MIAMI, FL 33150 <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
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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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

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: *Beresford A. Landers Jr.*

5-2-06 (786) 346-8668

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

Date

Daytime Phone #

ATTACHMENT 30010999

To whom It MAY Concern:

#L05000021799

Please be advised That the Renewal Fee For My Corporation has been paid and received by the Dept. of Corporation. I received a request From the Dept of Corporation to provide My F.E.I Number that was not previously provided. I believe that is misplaced the letter From the Department with that request, so I am providing a copy From a copy My accountant had in his records.

If There are any problems, please feel free to Contact me at (186) 346-8668.

Beresford A Landers, Jr.
President of
Law Offices of BERESFORD A LANDERS, JR., P.L.L.C

L05000021799

JUNE 19, 2006