


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000023472 1. Entity Name PLAN BEACH, LLC	
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Principal Place of Business 5335 NW 106 COURT DORAL, FL 33178	Mailing Address 5335 NW 106 COURT DORAL, FL 33178
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01172007No Chg-LLC

OR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number
20-2469561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERGNA, LILIANNE I
5335 NW 106 COURT
DORAL, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGNA, LILIANNE I 5335 NW 106 COURT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHACIN, ALBERTO E 5335 NW 106 COURT DORAL, FL 33178
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01/26/07-80020-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Lilianne Bergna **LILIANNE BERGNA**

01/18/07

(786) 797 6752