

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90168 020 \*\*\*138.75

**DOCUMENT # L05000026910**

1. Entity Name  
**CATHERINE FISCHER & COMPANY, LLC**



Principal Place of Business  
**6254 NW 23RD RD  
BOCA RATON, FL 33434**

Mailing Address  
**6254 NW 23RD RD  
BOCA RATON, FL 33434**

**50004181**

2. Principal Place of Business - No P.O. Box #  
**1835 S. Ocean Blvd.**

3. Mailing Address  
**1835 S. Ocean Blvd.**

Suite, Apt. #, etc.  
**Unit C**

Suite, Apt. #, etc.  
**Unit C**

04092008 Chg-LLC CR2E083 (12/06)

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

4. FEI Number  
**42-1667479**

Applied For  
Not Applicable

Zip  
**33483**

Country  
**Palm Beach**

Zip  
**33483**

Country  
**Palm Beach**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FISCHER, CATHERINE  
6254 NW 23RD RD  
BOCA RATON, FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1835 S. Ocean Blvd.**

**UNIT C**

City  
**DELRAY BEACH**

**FL**

Zip Code  
**33483**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FISCHER, CATHERINE  
6254 NW 23RD RD  
BOCA RATON, FL 33434** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1835 S. Ocean Blvd, Unit C  
Delray Beach, FL 33483** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

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

Date

Daytime Phone #

**4/14/08 561-266-0363**