

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90023 049 ***138.75

DOCUMENT # L05000027316

1. Entity Name

LANDSTAR INVESTMENT GROUP, LLC



Principal Place of Business

550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2523007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA E ESQ.
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME STERN, RODOLFO
STREET ADDRESS 550 BILTMORE WAY 1110
CITY-ST-ZIP MIAMI, FL 33134

TITLE VP
NAME SERVANSKY, DAVID
STREET ADDRESS 550 BILTMORE WAY 1110
CITY-ST-ZIP MIAMI, FL 33134

TITLE VP
NAME STERN, EDUARDO
STREET ADDRESS 550 BILTMORE WAY 1110
CITY-ST-ZIP MIAMI, FL 33134

TITLE VP
NAME HORWITZ, ROBERTO
STREET ADDRESS 550 BILTMORE WAY 1110
CITY-ST-ZIP MIAMI, FL 33134

TITLE D
NAME ECKSTEIN, BERNARD
STREET ADDRESS 550 BILTMORE WAY 1110
CITY-ST-ZIP MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Rodolfo Stern

4-22-08

Date

(305) 461-2440

Daytime Phone #