

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039418

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Entity Name:** SUCCESSARCHITECT LLC

**Current Principal Place of Business:**

701 NE 121ST STREET  
#5  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

265 NW 190TH STREET  
MIAMI, FL 33169

**Current Mailing Address:**

701 NE 121ST STREET  
#5  
NORTH MIAMI, FL 33161

**New Mailing Address:**

265 NW 190TH STREET  
MIAMI, FL 33169

FEI Number: 01-0836449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON-WILLIAMS, VERNITA E  
701 NE 121ST STREET  
#5  
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

JOHNSON-WILLIAMS, VERNITA E  
265 NW 190TH STREET  
MIAMI, FL 33169 US

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.

SIGNATURE:

04/13/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON-WILLIAMS, VERNITA E  
Address: 701 NE 121ST STREET, #5  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMS, VERNITA E  
Address: 265 NW 190TH STREET  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VERNITA E. WILLIAMS

MGR

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date