

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L05000039881**

1. Entity Name  
**CLAIRE SCHWARTZ & ASSOCIATES, LLC**



Principal Place of Business

**7380 SANDLAKE RD.  
SUITE 500  
ORLANDO, FL 32819**

Mailing Address

**7380 SANDLAKE RD.  
SUITE 500  
ORLANDO, FL 32819**

**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**



07152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2733106**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHWARTZ, CLAIRE G  
7380 SANDLAKE RD.  
SUITE 500  
ORLANDO, FL FL.**

**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

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

(NOTE: Registered Agent signature required when reinstating)

*7/15/08*  
DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956118  
07/23/08-80004-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHWARTZ, CLAIRE
STREET ADDRESS	4866 WATER VISTA DR.
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

*7/15/08*  
Date

*321-439-6995*  
Daytime Phone #

*Claire Schwartz*