


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90226 013 ***138.75

DOCUMENT # L05000050530	
1. Entity Name 5270, LLC	

Principal Place of Business 3699 DAVIE RD. EXT. HOLLYWOOD, FL 33024	Mailing Address 11764 W SAMPLE RD STE 101 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3699 DAVIE RD. EXT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Hollywood, FL
Zip	Country
Country	Zip 33024

04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2859982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WU, YONG XIN
2410 N. FEDERAL HWY.
HOLLYWOOD, FL 33020


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7311 NW 37TH ST APT 1

City Hollywood FL Zip Code 33024

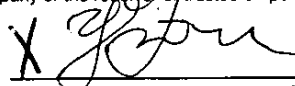
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WU, YONG XIN 7311 NW 37TH ST, APT 1 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WU, YONG ZHONG 7311 NW 37TH ST, APT 1 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #