

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90050 034 ***158.75

DOCUMENT # L05000067043

1. Entity Name
TEAM LAMBRO, LLC



Principal Place of Business
**12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414**

Mailing Address
**12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414**

20040041



2. Principal Place of Business

12008 South Shore Blvd

3. Mailing Address

12008 South Shore Blvd

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

04282008

Chg-LLC

CR2E083 (11/05)

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

20-373475

Applied For

Not Applicable

Zip

33414

Country

US

Zip

33414

Country

US

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LAMBRO, ROBIN E
12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
LAMBRO, Robin E
12008 South Shore Blvd.
Wellington FL 33414** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LAMBRO, GEORGE W
12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS.
LAMBRO, George W.
12008 South Shore Blvd.
Wellington FL 33414** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GALIZIO, RENEE
12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GALIZIO, Renee
12008 South Shore Blvd
Wellington FL 33414** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LAMBRO, ROBIN E
12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LAMBRO, Robin E.
12008 South Shore Blvd.
Wellington FL 33414** ☐ Change ☐ Addition

TITLE
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☐ Delete

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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 #

4/27/06 561-986-181