

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L05000071387

1. Entity Name

GOLDSTEIN & LOPEZ LLC



Principal Place of Business

5810 N.E. 14TH WAY
FORT LAUDERDALE FL 33334

Mailing Address

5810 N.E. 14TH WAY
FORT LAUDERDALE FL 33334

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

75-3197423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

GOLDSTEIN, HOWARD M
5810 N.E. 14TH WAY
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GOLDSTEIN, HOWARD
STREET ADDRESS 5810 N.E. 14TH WAY
CITY ST ZIP FORT LAUDERDALE FL 33334

TITLE MGRM ☐ Delete
NAME LOPEZ, WILFREDO
STREET ADDRESS 5850 SW 99TH LANE
CITY ST ZIP COOPER CITY FL 33328

TITLE MGRM ☐ Delete
NAME GOLDSTEIN, ROBERT
STREET ADDRESS 1347 MADISON STREET
CITY ST ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
000000601007
01/26/07-80033-008 50.00

TITLE ☐ Change ☐ Addition
NAME
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CITY ST ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Howard M Goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #