

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90044 043 ***138.75

DOCUMENT # LG5000071804

1. Entity Name
SCHAEFER FAMILY LLC



Principal Place of Business
3 S.W. 129TH AVE., SUITE 400
PEMBROKE PINES, FL 33027

Mailing Address
3 S.W. 129TH AVE., SUITE 400
PEMBROKE PINES, FL 33027

60005382

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

2070 N. OCEAN BLVD.

3. Mailing Address

P.O. Box 273 254

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

01102008 Chg-LLC CR2E083 (12/06)

City & State

BOCA RATON, FL

City & State

Boca Raton, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

33431

Country

USA

Zip

33427-

Country

USA

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

6. Name and Address of Current Registered Agent 3254

NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160

Name

CORR, DIANE E.

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

601 CYPRESS POINTE DRIVE WEST

City

PEMBROKE PINES, FL

Zip Code

33027

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

X Diane E. Corr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MS. ☐ Delete
NAME SCHAEFER, EILEEN B
STREET ADDRESS 3 SW 129TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGR ☒ Change ☐ Addition
NAME SCHAEFER, EILEEN BONNIE
STREET ADDRESS 2070 NORTH OCEAN BLVD. #2
CITY-ST-ZIP BOCA RATON, FL. 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: EILEEN BONNIE SCHAEFER, MGR

1-14-08

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

Date

Daytime Phone #