

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000075513

Entity Name: SCHORR, L.L.C.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2400 N. UNIVERSITY DRIVE, STE. 205  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

21050 NE 38TH AVE  
APT. 1802  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 27-0848985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHORR, CARYN B  
21050 NE 38 AVE  
APT 1802  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: SCHORR, CARYN B  
Address: 21050 NE 38 AVE APT 1802  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CARYN SCHORR

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date