

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000115337

1. Entity Name
ELDEIRY & RUBINO, PLLC



Principal Place of Business
**480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325**

Mailing Address
**480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325**



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3901823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELDEIRY, MO N
480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

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

000000936918

05/27/08-80029-010 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDEIRY & ELDEIRY P.A. 480 SAWGRASS CORPORATE PKWY SUITE 110 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN C. RUBINO, P.A. 480 SAWGRASS CORPORATE PARKWAY SUITE 110 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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]

4/29/08 954.670.2800

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

Date

Daytime Phone #