

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000117131

1. Entity Name
ABC TIMES THREE, LLC



Principal Place of Business
C/O MICHAEL LATTERNER & ASSOCIATES
13 S.W. 7TH STREET
MIAMI, FL 33130 US

Mailing Address
C/O MICHAEL LATTERNER & ASSOCIATES
13 S.W. 7TH STREET
MIAMI, FL 33130 US



04292008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATTERNER, MICHAEL
C/O MICHAEL LATTERNER & ASSOCIATES
13 S.W. 7TH STREET
MIAMI, FL 33130

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LATTERNER, MICHAEL
STREET ADDRESS 13 S.W. 7TH STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE MGR
NAME ROSEN, WAYNE
STREET ADDRESS 277 GALEON CT.
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1000000938139
05/23/08-80100-011 138.75

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 officer 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, OR AUTHORIZED REPRESENTATIVE

4/29/08

Date

305-372-1266

Daytime Phone #

Michael Latterner