

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002335

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** ROXANNE HOSFORD LMT, LLC

**Current Principal Place of Business:**

1921 LYONS RD.  
APT. 106  
COCONUT CREEK, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

1921 LYONS RD.  
APT. 106  
COCONUT CREEK, FL 33063 US

**New Mailing Address:**

**FEI Number:** 55-0912599      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BRAKL, ROXANNE  
1921 LYONS RD.  
APT. 106  
COCONUT CREEK, FL 33063 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:** MGRM      ( ) Delete  
**Name:** BRAKL, ROXANNE  
**Address:** 1921 LYONS RD., APT. 106  
**City-St-Zip:** COCONUT CREEK, FL 33063

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** ROXANNE BRAKL

MGRM

04/29/2008

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