

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003856

Entity Name: FORCEFUL EIGHT LLC

FILED  
Apr 21, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX 590852  
FT LAUDERDALE, FL 33359

**New Principal Place of Business:**

3051 NW 46 AVE  
309  
LAUDERDALE LAKES, FL 33313

**Current Mailing Address:**

PO BOX 590852  
FT LAUDERDALE, FL 33359

**New Mailing Address:**

FEI Number: 74-3163939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DYER, LORNA  
4960 SABLE PALMS BLVD., APT 210  
TAMARAC, FL 33319 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: D ( ) Change (X) Addition  
Name: ROWENA, LEWIS  
Address: 3051 NW 46 AVE.  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Change (X) Addition  
Name: GUY, DWYER  
Address: 3140 NW 122 AVE  
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Change (X) Addition  
Name: NEVILLE, SMITH  
Address: 490 GINGER DOWNS  
City-St-Zip: MISSISSAGA ONT, CA L5A3A

I hereby certify that the information supplied with this filing does not qualify for the 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: LORNA DYER

RA

04/21/2007

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