

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003856

Entity Name: FORCEFUL EIGHT LLC

FILED
May 02, 2010
Secretary of State

Current Principal Place of Business:

3051 NW 46 AVE
309
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

DYER, LORNA
4960 SABLE PALMS BLVD.,
#210
TAMARAC, FL 33319 US

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

05/02/2010

Date

MANAGING MEMBERS/MANAGERS:

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

Title: D
Name: GUY, DWYER
Address: 6410 SW 183 WAY
City-St-Zip: SW RANCHES, FL 33334

Title: D
Name: NEVILLE, SMITH
Address: 490 GINGER DOWNS
City-St-Zip: MISSISSAGA ONT, CA L5A3A

Title: D
Name: MULLINGS, PATRICK
Address: 3660 SW 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: MOORE, RETTA
Address: 3660 SW 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: DYER, LORNA
Address: 4960 SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

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: LORNA DYER

D

05/02/2010

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