

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90075 045 ***138.75

DOCUMENT # L06000007202

1. Entity Name
EX-TEAM LLC



Principal Place of Business
**400 LESLIE DRIVE
802
HALLANDALE, FL 33009 US**

Mailing Address
**PO BOX 790
HALLANDALE, FL 33008 US**

60008832

2. Principal Place of Business - No P.O. Box #
2742 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33137

Country
US

Zip

Country

02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
98-0481817

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENOZILLO, JACOBO
400 LESLIE DRIVE
802
HALLANDALE, FL 33009**

Name
ISAAC MATZ PA
Street Address (P.O. Box Number is Not Acceptable)
2742 BISCAYNE BLVD
City
MIAMI **FL** Zip Code
33137

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 **JAY BORSKY** 2-13-08
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BENOZILLO, JACOBO**
STREET ADDRESS **PO BOX 790**
CITY-ST-ZIP **HALLANDALE, FL 33008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **JACOBO BENOZILLO** 2-13-08 305-573-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #