

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/25/2007-90013-029-\$50.00-\$50.00

DOCUMENT # L06000016915 1. Entity Name STEVEN SYLVESTER LLC					
Principal Place of Business 1716 SW 4TH COURT FORT LAUDERDALE, FL 33312			Mailing Address 1716 SW 4TH COURT FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent SYLVESTER, STEVEN 1716 SW 4TH COURT FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYLVESTER, STEVEN 1716 SW 4TH COURT FORT LAUDERDALE, FL 33312	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE: <u>STEVEN SYLVESTER</u>			Date: <u>07/06/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: <u>954-593-5034</u> <u>954-763-2475</u>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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