

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90228 023 ***138.75

DOCUMENT # L06000023048

1. Entity Name
FIRST OFFICE SYSTEMS, L.L.C.



Principal Place of Business
9000 W. SHERIDAN STREET, #168
PEMBROKE PINES, FL 33024

Mailing Address
9000 W. SHERIDAN STREET, #168
PEMBROKE PINES, FL 33024

60020228



2. Principal Place of Business - No P.O. Box #
7450 GRIFFIN ROAD

3. Mailing Address
7450 GRIFFIN ROAD

Suite, Apt. #, etc.
STE 240

Suite, Apt. #, etc.
STE 240

03242008 Chg-LLC CR2E083 (12/06)

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
20-4477680

Applied For
Not Applicable

Zip
33314

Country
BROWARD

Zip
33314

Country
BROWARD

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

BERNSTEIN, MARK
5001 S. UNIVERSITY DR. #K
DAVIE, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MEAD, HENRY
9000 W. SHERIDAN STREET, #168
PEMBROKE PINES, FL 33024 ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/24/08 954-442-3424