

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026329

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** PHILIP SERRATE, LLC

**Current Principal Place of Business:**

300 ALMERIA AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

300 ALMERIA AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

MICHAEL, AXMAN B ESQ.  
2525 PONCE DE LEON BLVD., STE 400  
CORAL GABLES, FL 33134 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:** MGR  
**Name:** SERRATE, PHILIP  
**Address:** 10325 SW 89TH COURT  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGR  
**Name:** BROCKWAY, ROBERT W  
**Address:** 300 ALMERIA AVE.  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** ROBERT BROCKWAY

MGR

04/22/2010

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