

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90292 001 ***138.75

05-23-2008 90292 002 *****5.00

30007406



01242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000028588		
1. Entity Name EIGHTH WONDER ENTERPRISES, LLC		
Principal Place of Business 40 N.E. 49TH STREET OAKLAND PARK, FL 33334		Mailing Address 40 N.E. 49TH STREET OAKLAND PARK, FL 33334
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, A	Ms. Bernice Bade 40 North East 49 th Street Oakland Park, Florida 33334	
City & S		
Zip		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BADE, BERNICE 40 N.E. 49TH STREET OAKLAND PARK, FL 33334		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 reappointing) 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	MGRM BADE, BERNICE 40 N.E. 49TH STREET OAKLAND PARK, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 608, Florida Statutes.		
SIGNATURE: <u>Bernice Bade</u> January 24 th , 2008 (954) 493-9726 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		

UNITED STATES POSTAL SERVICE
CUSTOMER'S RECEIPT
 #06000028588 Eighthundredenterprises, LLC.

Pay to Florida Dept. of State Division of Corporations
 P.O. Box # 8700 Tallahassee, Florida 32314

KEEP THIS RECEIPT FOR YOUR RECORDS

SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION

NOT NEGOTIABLE

SERIAL NUMBER 11804673278
 YEAR MONTH DAY 2008 01 24
 POST OFFICE 333061
 AMOUNT \$ 138.75
 CLERK 0002

UNITED STATES POSTAL SERVICE
POSTAL MONEY ORDER

SERIAL NUMBER 11804673278
 YEAR MONTH DAY 2008 01 24
 POST OFFICE 333061
 AMOUNT \$ 138.75

#06000028588 FIVE HUNDRED THIRTY EIGHT DOLLARS & 75C

Pay to Florida Dept. of State Division of Corporations

ADDRESS P.O. Box # 8700 Tallahassee, Florida 32314

FROM Bernice Bade

CLERK 0002

ADDRESS 40 North East 49th Street
 Oakland Park, Florida 33334

1:0000080021: 118046732278

UNITED STATES POSTAL SERVICE
CUSTOMER'S RECEIPT
 #06000028588 Eighthundredenterprises, LLC.

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NOT NEGOTIABLE

SERIAL NUMBER 11804673278
 YEAR MONTH DAY 2008 01 24
 POST OFFICE 333061
 AMOUNT \$ 5.00
 CLERK 0002

UNITED STATES POSTAL SERVICE
POSTAL MONEY ORDER

SERIAL NUMBER 11804673278
 YEAR MONTH DAY 2008 01 24
 POST OFFICE 333061
 AMOUNT \$ 5.00

#06000028588 FIVE DOLLARS & 00C *****

Pay to Florida Dept. of State Division of Corporations

ADDRESS P.O. Box # 8700 Tallahassee, Florida 32314

FROM Bernice Bade

CLERK 0002

ADDRESS 40 N.E. 49th Street

ATTACHMENT

00007482

#06000028588

Florida Dept. of State Division of Corporations
 P.O. Box # 8700 Tallahassee, Florida 32314
 2/11/08
 2/11/08
 2/11/08

Ms. Bade
 40 North East 49th Street
 Oakland Park, Florida 33334

