

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-07-2007 90009 003 ****50.00

DOCUMENT # L06000028923 1. Entity Name A NEW BEGINNING LLC					
Principal Place of Business 2501 27TH AVE SUITE F-1B VERO BEACH FL 32960 US			Mailing Address 2501 27TH AVE SUITE F-1B VERO BEACH FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4629433	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CERINO, SHAYNA T 2501 27TH AVE SUITE F-1B VERO BEACH FL 32960				7. Name and Address of New Registered Agent Name Paula J Newnum Street Address (P.O. Box Number is Not Acceptable) 2501 27th Ave Suite F-1B City VERO BEACH FL Zip Code 32960	
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 <i>Paula J Newnum</i> Paula J. Newnum DATE 7/16/07 <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWNUM, PAULA J 5040 65TH ST VERO BEACH FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Paula J Newnum</i> Paula J. Newnum DATE 7/16/07 772-794-9209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					