


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 002 ****50.00

DOCUMENT # L06000036367			
1. Entity Name PEARSON & ASSOCIATES, LLC			
Principal Place of Business 4983 NW 104 WAY CORAL SPRINGS, FL 33076		Mailing Address 4983 NW 104 WAY CORAL SPRINGS, FL 33076	
2. Principal Place of Business - No P.O. Box # 5531 N. University Drive		3. Mailing Address 5531 N. University Drive	
Suite, Apt., etc. Suite 101		Suite, Apt., etc. Suite 101	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33067		Zip 33067	
Country U.S.A.		Country U.S.A.	
4. EIN Number 20-4658444		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent COTTON, BARBARA ESQ. 4983 NW 104 WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name <u>Justin Pearson</u> Street Address (P.O. Box Number is Not Acceptable) <u>5531 N. University Drive</u> <u>Suite 101</u> City <u>Coral Springs</u> FL Zip Code <u>33067</u>	
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 <u>Justin Pearson</u> DATE <u>04/05/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARSON, JUSTIN 4983 NW 104 WAY CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: <u>Justin Pearson</u>		Date <u>04/05/07</u> Daytime Phone # <u>(954) 752-7334</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			