

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90080 039 \*\*\*138.75

**DOCUMENT # L06000042491**

1. Entity Name  
LONG ISLAND BREEZE LIMITED USA, LLC



Principal Place of Business  
1803 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

Mailing Address  
1803 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

60000972



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HIGGINS, JACKIE  
1803 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HIGGINS, JACKIE
STREET ADDRESS	1803 EAST SAMPLE ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	MGRM
NAME	MCKNOUGHT-SMITH, MICHAEL
STREET ADDRESS	1803 EAST SAMPLE ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	MGRM
NAME	LOVERN, JOHN
STREET ADDRESS	2612 ALAMANDA CT.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #