

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/11

FILED
May 03, 2007 8:00 am
Secretary of State

04-16-2007 90341 018 ****50.00

DOCUMENT # L06000052305 1. Entity Name WASSERMAN COLORADO, LLC					
Principal Place of Business 2518 MONTCLAIRE CIRCLE WESTON, FL 33327			Mailing Address 2518 MONTCLAIRE CIRCLE WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent WASSERMAN, GARY 2518 MONTCLAIRE CIRCLE WESTON, FL 33327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition MGRM WASSERMAN, GARY 2518 MONTCLAIRE CIRCLE WESTON FL 33327					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
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>GARY WASSERMAN</u> GARY WASSERMAN <u>4-30-07</u> 957-349-4330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					