

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058951

Entity Name: BUSINESS CLIPS, LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

1111 KANE CONCOURSE #502
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

1480 NE 131 STREET
102
MIAMI, FL 33161

Current Mailing Address:

1111 KANE CONCOURSE #502
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

1480 NE 131 STREET
102
MIAMI, FL 33161

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIESCHOLEK, MARTIN
1111 KANE CONCOURSE #502
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

WIESCHOLEK, MARTIN
1480 NE 131 STREET
102
MIAMI, FL 33161 US

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.

SIGNATURE: MARTIN WIESCHOLEK

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WIESCHOLEK, MARTIN
Address: 2069 S OCEAN DR TH18
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: BOUSFIHA, ABDELNACER
Address: 2069 S OCEAN DR TH18
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WIESCHOLEK, MARTIN
Address: 1480 NE 131 STREET #102
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTIN WIESCHOLEK

MNG

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date