

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061362

FILED
May 11, 2009
Secretary of State

Entity Name: TAKE 5, LLC

Current Principal Place of Business:

POST OFFICE BOX 666826
POMPANO BEACH, FL 33066

New Principal Place of Business:

2351 W ATLANTIC BLVD
666826
POMPANO BEACH, FL 33069

Current Mailing Address:

PO BOX 666826
POMPANO, FL 330666826

New Mailing Address:

PO BOX 666826
POMPANO, FL 33066

FEI Number: 20-5264248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIGOLA, MICHELLE C ESQ
MICHELLE C FRIGOLA PA
4701 NORTH FEDERAL HIGHWAY SUITE 480
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEEFE, MARY
Address: 2209 S CYPRESS BEND #501
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: LOMAUARD, JOY
Address: 322 BUCHANAN ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY KEEFE

MGRM

05/11/2009

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