

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065618

FILED
May 15, 2009
Secretary of State

Entity Name: NEWBORN ENTERPRISE, LLC

Current Principal Place of Business:

5931 N.W. 14TH PLACE
SUNRISE, FL 33313 US

New Principal Place of Business:

2881 N. OAKLAND FOREST DR
APT#107
OAKLAND PARK, FL 33309 US

Current Mailing Address:

5931 N.W. 14TH PLACE
SUNRISE, FL 33313 US

New Mailing Address:

2881 N. OAKLAND FOREST DR
APT#107
OAKLAND PARK, FL 33309 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MICHEL, DANIEL B
5931 NORTHWEST 14TH PLACE
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

MICHEL, DANIEL B
2881 N. OAKLAND FOREST DR
APT#107
OAKLAND PARK, FL 33309 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: _____

05/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MICHEL, DANIEL
Address: 5931 N.W. 14TH PLACE
City-St-Zip: SUNRISE, FL 33313 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICHEL, DANIEL
Address: 2881 N. OAKLAND FOREST DR APT#107
City-St-Zip: OAKLAND PARK, FL 33309 US

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: DANIEL MICHEL

MGR

05/15/2009

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