

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-16-2007 90151 036 ****50.00

DOCUMENT # L06000071178					
1. Entity Name SAMANTHA WEINSTEIN SWIM INSTRUCTION & LIFEGUARD SAFETY, LLC					
Principal Place of Business 11460 S.W. 99TH TERRACE MIAMI, FL 33176			Mailing Address 11460 S.W. 99TH TERRACE MIAMI, FL 33176		
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	01052007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 56-2649191				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RASSNER, WAYNE H ESQ. C/O KRAMER & RASSNER, P.A. 7700 NORTH KENDALL DRIVE, SUITE 510 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEINSTEIN, SAMANTHA 11460 S.W. 99TH TERRACE MIAMI, FL 33176 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Delete		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>Samantha Weinstein</u>			<u>3/13/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					