

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90060 041 \*\*\*138.75

**DOCUMENT # L06000078956**

1. Entity Name  
SLIP B, LLC



Principal Place of Business  
6300 NE 1ST AVENUE, SUITE 300  
FT. LAUDERDALE, FL 33334

Mailing Address  
6300 NE 1ST AVENUE, SUITE 300  
FT. LAUDERDALE, FL 33334

60030910



**DO NOT WRITE IN THIS SPACE**

04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5243677

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SADER, ROBERT L  
1901 W. CYPRESS CREEK ROAD  
FT. LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME THE ROBERT JOSEPH ROSCHMAN REVOCABLE TRUST  
STREET ADDRESS 6300 NE 1ST AVENUE, SUITE 300  
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #