

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000106115

1. Entity Name  
AVIVA'S Q CLUB



Principal Place of Business  
12129 N W 9TH. PLACE  
CORAL SPRINGS, FL 33071

Mailing Address  
12129 N W 9TH. PLACE  
CORAL SPRINGS, FL 33071

FILED

08 OCT 28 AM 10:37

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

4240 GALT OCEAN DR. [APT. 2203]

3. Mailing Address

S A M E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10222008 Chg-LLC CR2E083 (12/06)

City & State  
FT. LAUDERDALE, FL

City & State  
S A M E

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
33308

Country  
U.S.A.

Zip  
33308

Country  
U.S.A.

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ALFRED  
12129 N W 9TH. PLACE  
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name  
JENNIFER COHEN

Street Address (P.O. Box Number is Not Acceptable)

4240 GALT OCEAN DR. [APT. 2203]

City  
FT. LAUDERDALE, FL Zip Code  
33308

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 JENNIFER COHEN-REGISTERED AGENT

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

(NOTE: Registered Agent Signature required when reinstating)

10/22/08

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COHEN, AVIVA  
12129 N W 9TH. PLACE  
CORAL SPRINGS, FL 33071 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GMGR  
ALAN COHEN  
4240 GALT OCEAN DR. [APT. 2203]  
FT. LAUDERDALE, FL 33308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300137377363  
10/28/08--01030--010 \*\*\$5.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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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: ALAN COHEN - GMGR

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

10/22/08

Date

954-632-4560

Daytime Phone #