2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000110508

FILED Feb 21, 2007 8:00 am Secretary of State

1. Entity Name FREY AND ASSOCIATES, LLC						02-21-2007	90101 0)5 ****5	5.00	
Principal Place of Business Mailing Address				<u>'</u>	1					
2815 NE 26	PLACE	2815 NE 26 PLACE	2815 NE 26 PLACE							
FT LAUDERD	ALE, FL 33306	FT LAUDERDALE, FL 3	FT LAUDERDALE, FL 33306							
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122007	Chg-LLC	CR2E0	33 (12/06)		
City & State		City & State		4. FEI Number			k	plied For		
Zip Country		Zin	Zip Count		\$5.00		t Applicable			
	Joann,	1	Journ	,	5. Certificate of	of Status Desired		PO.UU Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		L	7. Name and	Address of New R	egistered A	gent		
				Name	lame					
FREY, GENE B 2815 NE 26 PLACE				Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDE										
]	
				City			FL	Zip Cod	e	
R The above	named entity submits the statement f	or the purpose of changing its	romintor	ad affice or register	and a second and beath	in the Class of Cla				
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.										
DICNATURE.										
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	od Agent signature required	(when renstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007					•		e check pa		_	
_	ue by may 1, 200.				•	riorida	рераппи	ent of State	•	
9.	MANAGING MEMB	ERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delete	TITL	E				Change	Addition	
NAME GENE 8. FREY			NAM						į	
	TREET ADDRESS 28/5 NE 26 PLACE STY-ST-ZP ST 12/05/10/15 C/ 22/26/			EET ADORESS '-ST-ZIP					Ī	
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11. I hereby indicated	certify that the information supplied wit i on this report is true and accurate and	th this filling does not qualify fo d their my signature shall have	or the exe	emptions contained e legal effect as if m	in Chapter 119, F nade under oath;	lorida Statutes, I fu that I am a manag	rther certify jing membe	that the info	rmation of the	
limited lia	ibility company or the receiver or truste	er ampowered to execute this	report as	s required by Chapt	ter 608, Florida Ši	tatutes.	-	•		