2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

6. Name and Address of Current Registered Agent LO, KUN WAH 13903 NW 11 PLACE PEMBROKE PINES, FL 33028 City City FL 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 famili 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 NOWILL FEE IS \$138.75	Applied For Not Applicable 5.00 Additional e Required ant Zip Code niliar with, and accept	
STE 220 MIAMI, FL 33172 US STE 205 AVENTURA, FL 33180 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O1162008 Chg-LLC CR2E083 (City & State City & State City & State Country 5. Certificate of Status Desired	Applied For Not Applicable 5.00 Additional e Required ant Zip Code miliar with, and accept	
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After May 1, 2008 Fee will be \$538.75 Florida Department	j	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES		
TITLE MGRM. Delete TITLE NAME LO, KUN WAH	Change 🔲 Addition	
STREET ADDRESS 13903 NW 11 PLACE STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP		
TITLE Delete TITLE NAME NAME	Change Addition	
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP	Change Addition	
NAME NAME) Drainge	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
	Change Addition	
NAME NAME		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
TITLE Delete TITLE	Change Addition	
NAME STREET ADDRESS SIREET ADDRESS		
CITY-S1-ZIP CITY-S1-ZIP		
	Change	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
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 it made under oath; that I am a managing member or manager of the		
limited liability company or the receiver or to stee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: SIGNATURE SIGNATURE	ne Phone #	