

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000119374

1. Entity Name
BETH KLEIN, PH.D., L.L.C.



Principal Place of Business
1730 MAIN ST. STE 222
WESTON TOWN CENTER
WESTON, FL 33326

Mailing Address
1730 MAIN ST. STE 222
WESTON TOWN CENTER
WESTON, FL 33326



01242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0179549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, BETH
1730 MAIN ST. STE 222
WESTON TOWN CENTER
WESTON, FL 33326

**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

N/A

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

U00000799874
01/30/08-90095-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, BETH PH.D. 1730 MAIN ST. STE 222 WESTON, FL 33326
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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:

Beth Klein, PhD LLC

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

1/24/08

Date

954-423-4231

Daytime Phone #