


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90019 041 \*\*\*138.75

<b>DOCUMENT # L07000035911</b>					
1. Entity Name <b>PHILIP VIAS PL</b>					
Principal Place of Business <b>6200 NE 22ND WAY #310 FT. LAUDERDALE, FL 33308 US</b>			Mailing Address <b>500 SE 17TH ST STE 220 FT. LAUDERDALE, FL 33316 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>X 6200 N.E. 22 Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#310</b>			
City & State		City & State <b>Ft. Lauderdale</b>			
Zip	Country	Zip	Country	4. FEI Number <b>20-8846393</b>	
<b>33308</b>	<b>USA</b>	<b>33308</b>	<b>USA</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>YANKWIT, ERIC 500 SE 17TH ST STE 220 FT. LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent <b>X Philip Vias Street Address (P.O. Box Number is Not Acceptable) 6200 N.E. 22 Way #310 City Ft. Lauderdale FL Zip Code 33308</b>		
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. <b>SIGNATURE X [Signature]</b> (NOTE: Registered Agent signature required when reinstating) <b>DATE 5/4/08</b>					

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VIAS, PHILIP 6200 NE 22ND WAY #310 FORT LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X [Signature]**

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

Date

Daytime Phone #