## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 09, 2008 8:00 am Secretary of State **DOCUMENT # L07000050925** 01-09-2008 90020 041 \*\*\*138.75 1. Entity Name CONDOMINIUM BOARD CONSULTANTS, LLC. Principal Place of Business Mailing Address 60000469 19111 COLLINS AVENUE 19111 COLLINS AVENUE **SUITE 1202 SUITE 1202** SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0168362 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, RONALD Street Address (P.O. Box Number is Not Acceptable) 19111 COLLINS AVENUE **SUITE 1202** SUNNY ISLES BEACH, FL 33160 City Zip Code B. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TIFLE MGR TITLE ☐ Change ☐ Addition Delete SINGER, RONALD NAME NAME 19111 COLLINS AVENUE, SUITE 1202 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SUNNY ISLES BEACH, FL 33160 CITY - ST - 7IP MGRM Delete Change Addition TITLE TITLE PELAEZ, MARIO NAME NAME STREET ADDRESS STREET ADDRESS 20003 NW 62 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33015 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 is required by Chapter 608, Florida Statutes.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AU

**FILED**