

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000067117

1. Entity Name  
MAGNOLIA & BRIGITTA, LLC



**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90131 036 \*\*\*143.75

Principal Place of Business  
7401 WILES ROAD SUITE 232  
CORAL SPRINGS, FL 33067 US

Mailing Address  
7401 WILES ROAD SUITE 232  
CORAL SPRINGS, FL 33067 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
26-0579084

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION-SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BARBOSA-CAMPANA, CINTHIA I  
741 BLUE RIDGE WAY  
DAVIE, FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
HOROWITZ, DANIELE  
5455 PINE CIRCLE  
CORAL SPRING, FL 33067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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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

*Cynthia S. P. Campa*  
MANAGER

DATE: 3/3/2008