## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED DOCUMENT # L07000074451 08 APR 16 PM 2: 26 RODRIGUEZ, KINZBRUNNER & CONIGLIO, LLC UCCRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4801 SO. UNIVERSITY DRIVE 4801 SO. UNIVERSITY DRIVE 3090 3090 DAVIE, FL 33328 **DAVIE, FL 33328** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 03202008 Chg-LLC CR2E083 (12/06) 1776 N. Pine Island Rd. 1776 N. Pine Island Rd. 4. FEI Number Applied For Suite 216 Suite 216 26-055784 Not Applicable Plantation, FL 33322 Plantation, FL 33322 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stree ACCUPAY SERVICES, INC. ACCUPAY SERVICES CORP 4801 SO. UNIVERSITY DRIVE 1776 N. Pine Island Rd. 3090 **DAVIE, FL 33328** Suite 216 City Plantation, FL 33322 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE MGRM Change ☐ Addition NAME MIGUEL J. RORIGUEZ, P.A. MIGUEL J. RODRIGUEZ. PA NAME STREET ADDRESS STREET ADDRESS 4801 SO. UNIVERSITY DR., NO. 3090 1776 N. Pine Island Rd., Ste. 216 CITY-ST-ZIP CITY-ST-ZIP **DAVIE, FL 33328** Plantation, FL 33322 TITLE **MGRM** ☐ Defete TITLE Change ☐ Addition MGRM DAVID KINZBRUNNER, P.A. NAME NAME DAVID KINZBRUNNER, PA STREET ADDRESS 4801 SO. UNIVERSITY DR., NO. 3090 STREET ADDRESS 1776 N. Pine Island Rd., Ste. 216 CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP Plantation, FL 33322 **MGRM** TITLE TITLE MGRM ☐ Delete ☐ Addition ZENA KINZBRUNNER, P.A. NAME NAME ZENA KINZBRUNNER, PA STREET ADORESS 4801 SO. UNIVERSITY DR., NO. 3090 STREET ADDRESS 1776 N. Pine Island Rd., Ste. 216 CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP Plantation, FL 33322 MGRM Delete TITLE **MGRM** TITLE Change Change ☐ Addition JOHN A. CONIGLIO, CPA, PA JOHN A. CONIGLIO, CPA, P.A. NAME NAME 1776 N. Pine Island Rd., Ste. 216 STREET ADDRESS 4801 SO. UNIVERSITY DR., NO. 3090 STREET ADDRESS Plantation, FL 33322 CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-7IP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete 800124312<sup>1</sup>18 04/18/08--01008--032 \*\*28 NAME NAME 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 if made under oath; that I am a managing member or manager of the limited liability company or the receiver or plustee employered by execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #