

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

02-07-2008 90086 025 ***138.75

DOCUMENT # L07000076576

1. Entity Name
JEWETT, SCHWARTZ, WOLFE & ASSOCIATES, P.L.



Principal Place of Business
**2514 HOLLYWOOD BLVD.
SUITE 508
HOLLYWOOD, FL 33020**

Mailing Address
**2514 HOLLYWOOD BLVD.
SUITE 508
HOLLYWOOD, FL 33020**

30003297



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number

65-0625426

Applied For

Not Applicable

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

**SCHWARTZ, MICHAEL A CPA
2514 HOLLYWOOD BLVD.
SUITE 508
HOLLYWOOD, FL 33020**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	managing member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Schwartz	
STREET ADDRESS	2514 Hollywood Blvd #508	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	managing member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Jewett	
STREET ADDRESS	2514 Hollywood Blvd #508	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	managing member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence H. Wolfe	
STREET ADDRESS	2514 Hollywood Blvd #508	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/1/08

Date

(954) 922-5885

Office Phone #