

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 017 ***138.75

DOCUMENT # L07000102377

1. Entity Name
LIBERTA, LLC



Principal Place of Business
**424 E CENTRAL BLVD
106
ORLANDO, FL 32801**

Mailing Address
**424 E CENTRAL BLVD
106
ORLANDO, FL 32801**

2. Principal Place of Business - No P.O. Box #
2015 S TUTTLE AVE

3. Mailing Address
2015 S TUTTLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34239

Country
USA

Zip
34239

Country
USA

01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
98-0552275 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SZAFRICS, IMRE
424 E CENTRAL BLVD
106
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
Imworld Services, Inc

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

424 E Central Blvd # 106

City
Orlando

FL Zip Code
32801

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 **Imre Szafrics**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/22/2008**

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERTA, JOZSEF
TELEKI UTCA 12/A
CEGLED, HUNGARY, HU 2700** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERTA-KISS, ANIKO
TELEKI UTCA 12/A
CEGLED, HUNGARY, HU 2700** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

JOZSEF BERTA 28/jan./08