

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90065 037 ***277.50

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DOCUMENT # L07000119352

1. Entity Name
S RUBIN FARMS, LLC



Principal Place of Business
7120 LIONS HEAD LANE
BOCA RATON, FL 33496 US

Mailing Address
7120 LIONS HEAD LANE
BOCA RATON, FL 33496 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
RIGGIO, ROBERT J ESQ
400 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114

4. FEI Number
26-1487421

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUBIN, SHELDON W 7120 LIONS HEAD LANE BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sheldon Rubin, Esq.* **2/19/08** *561-488-4445*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #