

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105543

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: SERJOSCHE MAMON, LLC

**Current Principal Place of Business:**

9500 NW 44TH PL  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

9500 NW 44TH PL  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 26-3658685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOBER, FRANKLYN  
9500 NW 44TH PLACE  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOBER, FRANKLYN L  
Address: 9500 NW 44TH PL  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGR ( ) Delete  
Name: GOBER, DEBRA  
Address: 9500 NW 44TH PL  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete  
Name: GOBER, SERENA  
Address: 9500 NW 44TH PL  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete  
Name: GOBER, JOSLYN  
Address: 9500 NW 44TH PL  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete  
Name: GOBER, CHELSEA  
Address: 9500 NW 44TH PL  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK L. GOBER

MM

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date