

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013664

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** LAOBIA FINANCIAL & TAX SERVICES LLC

**Current Principal Place of Business:**

105 NW 109TH AVE  
APT #303  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

105 NW 109TH AVE  
APT #303  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 30-0532482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LINDSEY, FABIOLA  
105 NW 109TH AVE  
APT #303  
PEMBROKE PINES, FL 33026 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:** P  
**Name:** LINDSEY, FABIOLA  
**Address:** 105 NW 109TH AVE APT # 303  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** VP  
**Name:** SAINT VICTOR, ROBERSON  
**Address:** 2615 POLK ST APT # 7  
**City-St-Zip:** HOLLYWOOD, FL 33020

I hereby 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:** FABIOLA LINDSEY

PRES

01/26/2010

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