

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071386

Entity Name: FAB FLORIDA, LLC

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1321 CHENILLE CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

1640 TOWN CENTER CIRCLE  
SUITE 210  
WESTON, FL 33326

**Current Mailing Address:**

1321 CHENILLE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

1640 TOWN CENTER CIRCLE  
SUITE 210  
WESTON, FL 33326

FEI Number: 27-0663415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FELDMAN, GOLAN  
1321 CHENILLE CIRCLE  
WESTON, FL 33327 US

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

FELDMAN, GOLAN  
1640 TOWN CENTER CIRCLE  
SUITE 210  
WESTON, FL 33326 US

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:

01/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: FELDMAN, GOLAN  
Address: 1640 TOWN CENTER CIRCLE, SUITE 210  
City-St-Zip: WESTON, FL 33326

Title: MGMR  
Name: FELDMAN, JENNIFER  
Address: 1321 CHENILLE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: MGMR  
Name: BEKERMANN, DAVID  
Address: 1640 TOWN CENTER CIRCLE, SUITE 210  
City-St-Zip: WESTON, FL 33326

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: GOLAN FELDMAN

MGMR

01/11/2010

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