

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000106224

**Entity Name:** PLUMB FACET, LLC

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

20300 W. COUNTRY CLUB DRIVE  
PH-18-3  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20300 W. COUNTRY CLUB DRIVE  
PH-18-3  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 27-1241442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOLLER, DAVID H  
4445 S. CONWAY RD.  
ORLANDO, FL 32812 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:** MGRM  
**Name:** STOLLER, JEFFREY I  
**Address:** 20300 W. COUNTRY CLUB DRIVE, PH 18-3  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** MGRM  
**Name:** ROSEMAN, LARRY  
**Address:** 1586 MIRA VISTA CIRCLE  
**City-St-Zip:** WESTON, FL 33327

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:** JEFFREY I. STOLLER

MGRM

04/15/2010

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