

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 25 AM 8:51

**FILING FEE**  
\$ 588.75  
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000060**

**RALBY ASSET MANAGEMENT, LLC**  
2999 NE 191ST ST  
PENTHOUSE 8  
AVENTURA FL 33180

1a. Principal Place of Business Address

2999 NE 191ST ST  
PENTHOUSE 8  
AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

01/07/1997

4. FEI Number

65-0728186

3a. State of Formation

FL

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

**SOUTH FLORIDA REGISTERED AGENTS, INC.**  
200 E LAS OLAS BLVD  
SUITE 190  
FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

1611

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RALBY, MICHAEL	2999 NE 191ST ST, PH 8	AVENTURA FL

800002626868-12  
-08/27/98--01076--001  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

*Michael Ralby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #



Ralby Asset Management • Concorde Centre II, Penthouse 8 • 2999 Northeast 191st Street • Aventura Florida 33180

305-937-0888 • 800-339-8558 • FAX 305-937-5067

07/24/98

Florida Department of State  
Division of Corporations  
Registration Section  
409 Gaines Street  
Tallahassee, FL 32399

To whom it may concern:

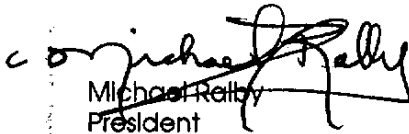
Enclosed please find our check number 1015, in the amount of \$188.75. This is for payment of the 1998 Annual report for Ralby Asset Management, Inc. LLC.

Please be advised that we had never received the initial request for this payment, therefore we have not paid the \$400.00 late fee.

Please let me know if you require anything further.

Thank you.

Sincerely,

  
Michael Ralby  
President

MR/rm

 RANDI MECKLER  
COMMISSION # CC 544714  
EXPIRES APR 02, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

