

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90256 038 \*\*\*138.75

**DOCUMENT # L97000001225**

1. Entity Name  
**JUSTBEIT, L.L.C.**



Principal Place of Business  
**1945 CANTERBURY CIRCLE  
WELLINGTON, FL 33414**

Mailing Address  
**1945 CANTERBURY CIRCLE  
WELLINGTON, FL 33414**

**50006813**



2. Principal Place of Business - No P.O. Box # **11496 PIERSON ROAD**

3. Mailing Address **11496 PIERSON ROAD**

Suite, Apt. #, etc.  
**SUITE C12**

Suite, Apt. #, etc.  
**SUITE C12**

City & State  
**Wellington FL**

City & State  
**Wellington FL**

Zip **33414** Country

Zip **33414** Country

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**65-0792864**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUBIN, SUSAN  
13860 WELLINGTON TRACE, #20  
WELLINGTON, FL 33414**

**7. Name and Address of New Registered Agent**

Name **Rubin, Susan**  
Street Address (P.O. Box Number is Not Acceptable)  
**1945 CANTERBURY CIRCLE**  
City **WELLINGTON** FL Zip Code **33414**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Susan Rubin**  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **RUBIN, SUSAN**  
STREET ADDRESS **1945 CANTERBURY CIRCLE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-29-08 5613335255**

Date

Daytime Phone #