

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000628

1. Entity Name
BARTH FAMILY LLC



Principal Place of Business
5432 NW 1ST AVE
FT LAUDERDALE, FL 33309

Mailing Address
5432 NW 1ST AVE
FT LAUDERDALE, FL 33309



03042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892010

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KABACK, CHARLOTTE
5432 N.W. 1ST AVENUE
FT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000082280
03/09/04-80023-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTH, STEVEN 1004 BASIL ROAD MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KABACK, CHARLOTTE 5432 NW 1ST AVE. FT. LAUDERDALE, FL 33309
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IN THIS SPACE**

I 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 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:

Charlotte Kaback 3/4/04 954-351-9206

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

Date

Daytime Phone #