

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000654

1. Entity Name

SUNBELT INTERNATIONAL BUSINESS BROKERS, L.C.



Principal Place of Business

1485 N ATLANTIC AVENUE
SUITE 117
COCOA BEACH FL 32931

Mailing Address

1485 N ATLANTIC AVENUE
SUITE 117
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIOLET, SUZANNE
P.O. BOX 320013
COCOA BEACH FL 32932-0013

Name

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

City

FL

Zip Code

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

Suzanne Violet Suzanne Violet

2-16-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VIOLET, SUZANNA
C/O SWISS LINK P.O. BOX 320013
COCOA BEACH FL 32932-0013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000000323199
04/22/05-80040-025 50.00 ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

11. 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:

Suzanne Violet Suzanne Violet 2-16-05 / 821-
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone No. 84247