2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
02-26-2007 90307 049 ****50.00

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1. Entity Name

SUNBELT INTERNATIONAL BUSINESS BROKERS, L.C.

Principal Place of Business	Mailing Address
1485 N ATLANTIC AVENUE ~~SUITE 117~~ COCOA BEACH FL 32931	1485 N ATLANTIC AVENUE ~~SUITE 117~~ COCOA BEACH FL 32931

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite 116		Suite, Apt. #, etc. Suite 116	
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 Fee Required

6. Name and Address of Current Registered Agent

VIOLET, SUZANNE
~~P.O. BOX 320013~~ 3165 N. Atlantic Ave #A301
COCOA BEACH FL ~~32932-0013~~ 32931

7. Name and Address of New Registered Agent

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 [signature] Suzanne Violet 2-12-07
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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIOLET, SUZANNE ~~C/O SWISS LINK~~ P.O. BOX 320013 COCOA BEACH FL 32932-0013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Suzanne Violet 2-12-07 321-784-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #