

**2007 LIMITED LIABILITY COMPANY-  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000002713**

1. Entity Name  
**INDEPENDENT BROKERAGE OF FLORIDA, LLC**



Principal Place of Business  
**8290 N.W. 27TH STREET, SUITE 603  
MIAMI, FL 33122**

Mailing Address  
**8290 N.W. 27TH STREET, SUITE 603  
MIAMI, FL 33122**



03122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1001056**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**PRADO, JOSE  
7373 SW 16TH TERRACE  
MIAMI, FL 33155**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HOOKS, JAMES L  
152 SWEETGUM TR  
MCDONOUGH, GA 30252**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KERSEY, MELODY A  
8530 SHORELINE DR  
JONESBORO, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
RASNAKE, MICHAEL K  
180 HIGHLAND PARK DR  
SHARPSBURG, GA 30277**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CRAIG, ROBIN T  
8203 CLUBHOUSE WY  
JONESBORO, GA 30236**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000712174  
04/26/07-80036-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**10 APR 07 4047620083**