2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
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

01092008No Chg-LLC CR2E083 (12/07)

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

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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

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HOOKS, JAMES L
STREET ADDRESS	152 SWEETGUM TR
CITY-ST-ZIP	MCDONOUGH, GA 30252
TITLE	MGRM
NAME	KERSEY, MELODY A
STREET ADDRESS	8530 SHORELINE DR
CITY-ST-ZIP	JONESBORO, GA
TITLE	MGR
NAME	RASNAKE, MICHAEL K
STREET ADDRESS	180 HIGHLAND PARK DR
CITY-ST-ZIP	SHARPSBURG, GA 30277
TITLE	MGR
NAME	CRAIG, ROBIN T
STREET ADDRESS	8203 CLUBHOUSE WY
CITY-ST-ZIP	JONESBORO, GA 30236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80094-022 138.75

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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: _____ 1-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #