

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105543

**Entity Name:** SERJOSCHE MAMON, LLC

**Current Principal Place of Business:**

9500 NW 44TH PL  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

9500 NW 44TH PL  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 26-3658685

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOBER, FRANKLYN  
9500 NW 44TH PLACE  
CORAL SPRINGS, FL 33065 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOBER, FRANKLYN L  
Address 9500 NW 44TH PL  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name GOBER, DEBRA  
Address 9500 NW 44TH PL  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name GOBER, SERENA  
Address 9500 NW 44TH PL  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name GOBER, JOSLYN  
Address 9500 NW 44TH PL  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name GOBER, CHELSEA  
Address 9500 NW 44TH PL  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANKLYN GOBER

**MGR**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date