

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000034301

1. Entity Name

MH LLC



FILED

03-17-2004 90279 003 ****50.00

04 MAR 26 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

Principal Place of Business

8370 WEST FLAGLER STREET, SUITE 248
MIAMI FL 33144-2094

Mailing Address

8370 WEST FLAGLER STREET, SUITE 248
MIAMI FL 33144-2094

2. Principal Place of Business

731 CRANDON BLVD.

Suite, Apt. #, etc.

PH7

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Address

731 CRANDON BLVD.

Suite, Apt. #, etc.

PH7

City & State

Key Biscayne, FL

Zip

33149

Country

USA

4. FEI Number

75-3099443

Applied For

Not Apply

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee: Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HABERFELD, MARIO
STREET ADDRESS 8370 W FLAGLER ST., #248
CITY-ST-ZIP MIAMI FL 33144

TITLE MGRM
NAME HABERFELD, MARIO
STREET ADDRESS 731 CRANDON BLVD. PH7
CITY-ST-ZIP Key Biscayne FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

B. Haberfeld

03/15/2004

305 361 199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #