

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90050 032 ***138.75

DOCUMENT # L03000002490

1. Entity Name
H & M DEVELOPMENT, L.L.C.



Principal Place of Business
16311 NW 52 AVENUE
MIAMI, FL 33014 US

Mailing Address
16311 NW 52 AVENUE
MIAMI, FL 33014 US

50008519



2. Principal Place of Business - No P.O. Box #

1150 E. Hallandale Beach Blvd

3. Mailing Address

1150 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

Zip

33009

Country

US

Zip

33009

Country

US

07152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
48-1298807

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORNBUSCH, HARRY
3117 NE 210 STREET
AVENTURA, FL 33180

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, 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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DORNBUSCH, HARRY
STREET ADDRESS 3117 NE 210 STREET
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR ☒ Delete
NAME DORNBUSCH, MORRIS
STREET ADDRESS 16311 NW 52 AVENUE
CITY-ST-ZIP MIAMI, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/15/08

954-456-8210