


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000084669	
1. Entity Name HERSKOWITZ, LLC	

Principal Place of Business 2671 N.W. 63RD STREET BOCA RATON, FL 33496 US	Mailing Address P.O. BOX 5540 DEPTFORD, NJ 08096 US
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01282007 No Chg-LLC CR2E063 (11/05)

4. FEI Number 20-3920152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERSKOWITZ, ROBERT MR.
2671 NW 63RD STREET
BOCA RATON, FL FL334-98**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERSKOWITZ, ROBERT 2671 NW 63RD STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSKOWITZ, HENRY 16297 MIRA VISTA LN DELRAY BEACH, FL 33496
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02/12/07-80017-008 50.00

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]* **1/30/07** (856)848-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #