


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000081084 1. Entity Name HECHTMAN KLERSFELD FAMILY LLC	
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Principal Place of Business 6629 GRANDE ORCHID WAY DELRAY BEACH, FL 33446 US	Mailing Address 6629 GRANDE ORCHID WAY DELRAY BEACH, FL 33446 US
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01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5391475	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

HECHTMAN, SHELDON
 6629 GRANDE ORCHID WAY
 DELRAY BEACH, FL 33446

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECHTMAN, SHELDON 6629 GRANDE ORCHID WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLERSFELD, ELLEN 6629 GRANDE ORCHID WAY DELRAY BEACH, FL 33446
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 01/07/08-80016-013 138.75

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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:  SHELDON HECHTMAN 1/5/08 561-367-1887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #