

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011073

1. Entity Name
HIG MALL, LLC



Principal Place of Business
**3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**

Mailing Address
**3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**



07062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3707560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SARSEN, CYNTHIA R
3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

1100000164661
07/08/04-80018-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WU, DAVID 3421 N LAKEVIEW DR TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

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: _____

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

July 106 / 04

Date

813-265-3955

Daytime Phone #