

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90049 019 \*\*\*150.00

**DOCUMENT # 686362**

1. Entity Name

LATL, INC.



Principal Place of Business

200 ADMIRALS COVE BLVD  
JUPITER FL 33477  
US

Mailing Address

200 ADMIRALS COVE BLVD  
JUPITER FL 33477  
US



2. Principal Place of Business

3. Mailing Address

3801 PGA BLVD.

3801 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 107

SUITE 107

City & State

City & State

PALM BEACH GARDENS, FL

PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

33410

USA

33410

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

52-1196210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYMAN, SHERRY LEFKOWI  
200 ADMINRALS COVE BLVD  
JUPITER FL 33477

Name

SHERRY L. HYMAN ESQ.

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

3801 PGA BLVD.

SUITE 107

City

PALM BEACH GARDENS

FL

Zip Code

33410

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 \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRALS COVE BLVD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	FRANKEL, ANDREW	
STREET ADDRESS	200 ADMIRALS COVE BLVD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLEIN, ELIZABETH FRAN	
STREET ADDRESS	200 ADMINRAL'S COVE BLVD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3801 PGA BLVD. - SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3801 PGA BLVD. - SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3801 PGA BLVD. - SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/06 564-744-1033