

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001922

1. Entity Name  
HARRY K. HIMMEL, LLC

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90247 036 \*\*\*\*50.00

970064



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
16300 GOLF CLUB ROAD, SUITE 204  
WESTON FL 33326

Mailing Address  
16300 GOLF CLUB ROAD, SUITE 204  
WESTON FL 33326

2. Principal Place of Business  
9570 LANTERN BAY CIRCLE

3. Mailing Address  
9570 LANTERN BAY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL

City & State  
WEST PALM BEACH, FL

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

Zip Country  
33411 PALM BEACH

Zip Country  
33411 PALM BEACH

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HIMMEL, HARRY K  
16300 GOLF CLUB ROAD, SUITE 204  
WESTON FL 33326

Name HARRY K. HIMMEL  
Street Address (P.O. Box Number is Not Acceptable)  
9570 LANTERN BAY CIRCLE  
City WEST PALM BEACH FL Zip Code 33411

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME HIMMEL, HARRY K ☒ Delete  
STREET ADDRESS 16300 GOLF CLUB ROAD, SUITE 204  
CITY-ST-ZIP WESTON FL 33326

TITLE MGRM  
NAME HIMMEL, HARRY K ☒ Change ☐ Addition  
STREET ADDRESS 9570 LANTERN BAY CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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: HARRY K. HIMMEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/09/02 (561) 784-2661  
Date Daytime Phone #

CR2E083 (4/02)