

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006961

1. Entity Name
HOUSES BOUGHT CASH, LLC



Principal Place of Business
7040 W PALMETTO PARK RD
#4-225
BOCA RATON, FL 33433

Mailing Address
7040 W PALMETTO PARK RD
#4-225
BOCA RATON, FL 33433



02172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1016474 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

DWECK, DAVID
7040 W PALMETTO PARK RD., #4-225
BOCA RATON, FL 33433

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM DWECK, DAVID 7040 W PALMETTO PARK ROAD, #4-225 BOCA RATON, FL 33433 |
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02/23/04-80125-008 50.00

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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

2/27/04 561-368-7987
Date Daytime Phone #