

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013702**

1. Entity Name  
**HOWARD VENDING, L.L.C.**



Principal Place of Business  
**5293 N.W. 161ST STREET  
HIALEAH, FL 33014**

Mailing Address  
**5293 N.W. 161ST STREET  
HIALEAH, FL 33014**



03232005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1053168**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOWARD, REBECCA J  
5293 N.W. 161ST STREET  
HIALEAH, FL 33014**

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOWARD, REBECCA J 5293 N.W. 161ST STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HOWARD, DONALD S 3 HOOK HARBOR ROAD ATLANTIC HIGHLANDS, NJ 07716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOWARD, PHYLLIS H 3 HOOK HARBOR ROAD ATLANTIC HIGHLANDS, NJ 07716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11000000277790  
03/26/05-80043-010 50.00

**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)(f), 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

3/26/05

Date

305-474-7400

Daytime Phone #