

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000013861

1. Entity Name
790 HILLBRATH DRIVE L.L.C.



FILED

04 MAY 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
790 HILLBRATH DR.
LANTANA, FL 33462

Mailing Address
790 HILLBRATH DR.
LANTANA, FL 33462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1058289

Applied for
Not Applicable

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

GUSMANO, CHARLES
790 HILLBRATH DR
LANTANA, FL 33462

Name

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

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOMANGINO, ANTHONY
520 SOUTH BEACH RD
HOBE SOUND, FL 33455 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUSMANO, CHARLES
790 HILLBRADTH DRIVE
LAKE WORTH, FL 33462 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOMANGINO, ROBERT
206 ANHINGA LANE
JUPITER, FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600037666 P343 ☐ Addition
06/04/04--01032--034 ***55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FARACHE, AHRON
16294 VIA VENETIA WAY
DELRAY BEACH, FL 33484 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #