

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90010 039 *****55.00

0002773

DOCUMENT # L01000007227

1. Entity Name

DHDC, L.L.C.



Principal Place of Business

**11760 S.W. 72 AVE.
PINECREST FL 33156**

Mailing Address

**11760 S.W. 72 AVE.
PINECREST FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1104586**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLOTO, JAMES R
200 S. BISCAYNE BLVD., STE. 2350
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Gene Glasser, Esq.**

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

2021 Tyler Street

City **Hollywood**

FL

Zip Code **33020**

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, DWIGHT 12901 S.W. 69 AVE. MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORASH, DAVID 11760 S.W. 72 AVE. PINECREST FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

DAVID S. CORASH **8/22/03** **305-595-7100**

CR2E083 (4/03)

90152651



☐ CHECK HERE IF MAKING CHANGES

Attachment

**HIRSH
AND
COMPANY**

90152651
#L0100000727
CERTIFIED PUBLIC ACCOUNTANTS

7990 SW 117 Avenue, Suite 203
Miami, Florida 33183

Dade (305) 595-7100
Broward (954) 462-1740
Fax (305) 598-5100

August 22, 2003

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

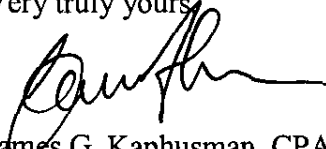
Dear Sirs:

Enclosed is Florida 2003 Uniform Business Reports, and check, for the following taxpayer:

<u>Name</u>	<u>Year</u>	<u>FEI #</u>	<u>Check</u>
DHDC, LLC	2003	65-1104586	\$55.00

Kindly acknowledge receipt of the above 2003 Uniform Business Report and check, by signing and dating the enclosed copy of this letter and returning it to us in the envelope provided.

Very truly yours,


James G. Kaphusman, CPA

H&CO Form 3053unifbusrpt
Enclosure

Received by _____

Title _____

Date _____