

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # L01000007493

1. Entity Name

WOLS BEACH, LLC



Principal Place of Business

3400 N.E. 34TH STREET, SUITE 101  
FORT LAUDERDALE FL 33401

Mailing Address

3400 N.E. 34TH STREET, SUITE 101  
FORT LAUDERDALE FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

06-1629302

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

WOLOFSKY, HOWARD  
3400 NE 34TH STREET  
# 101  
FORT LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	WOLOFSKY, HOWARD	3400 NE 34TH ST # 101	FORT LAUDERDALE FL 33308	<input type="checkbox"/>	<input type="checkbox"/>
P	BURSTEIN, ROBERT	3400 NE 34TH ST # 101	FORT LAUDERDALE FL 33308	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/11/05

(954) 568-4118

Date

Daytime Phone #