

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00-A
Secretary of State**

DOCUMENT # L01000014813

1. Entity Name
HOZI, LLC



Principal Place of Business
**655 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33415 US**

Mailing Address
**655 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33415 US**



02162006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1140239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS, FL 33410**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HOPE, ANDREW P
655 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ZIPP, JEFFREY A
655 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

1100000453466
03/14/06-80023-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date _____

Daytime Phone # _____