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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-13-2002 90226 025 ****50.00

DOCUMENT # L01000017174

1. Entity Name

HOT FLIXX, L.L.C.

Principal Place of Business

4159 BILLY MITCHELL DR.
ADDISON TX 75001

Mailing Address

P.O. BOX 185
ADDISON TX 75001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1134375

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

BENOWITZ, MORDECAI
4500 B NORTH POWERLINE RD.
POMPANO BEACH FL 33073

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HBR, LTD. 4159 BILLY MITCHELL DR. ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENOWITZ, MORDECAI 4500 B NORTH POWERLINE RD. POMPANO BEACH FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LSMT, LLC 4159 BILLY MITCHELL DR. ADDISON TX 75001	<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"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
RAONITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/5/02

Date

972 387-1937

Daytime Phone #

CR2E083 (4/02)