

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90089 010 *****50.00

0025951

DOCUMENT # L01000017956

1. Entity Name

BHL ENTERPRISES, L.L.C.



Principal Place of Business

**1115 CHENILLE CIRCLE
WESTON FL 33327**

Mailing Address

**P O BOX 266606
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

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

**LIBES, BENNETT
111 S CHENILLE CIRCLE
WESTON FL 33327**

(Wrong)

Name

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

1115 Chenille Circle

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, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LIBES, BENNETT | |
| STREET ADDRESS | 1115 CHENILLE CIRCLE | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LIBES, MINDY | |
| STREET ADDRESS | 1115 CHENILLE CIRCLE | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |

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: *Bennett* REQUIRED

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

0430-03 954-659-8060

Date

Daytime Phone #

CR2E083 (10/02)