

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90025 036 ****50.00

DOCUMENT # L01000020345

1. Entity Name
HASPEL FAMILY ENTERPRISES, L.L.C.



Principal Place of Business

1814 NE MIAMI GARDENS
701
MIAMI, FL 33179

Mailing Address

1814 NE MIAMI GARDENS DR #701
N. MIAMI BEACH, FL 33179

20004165



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0375048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASPEL, ARTHUR
1814 NE MIAMI GARDENS DR #701
N MIAMI BEACH, FL 33179

**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

(REG - Registered Agent signature required when reinstating)

1/27/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HASPEL, ARTHUR C
1814 NE MIAMI GARDENS DR #701
MIAMI, FL 33179

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE

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

1/27/06

DATE

1954-205
H27 6304

Daytime Phone #