

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90119 002 \*\*\*\*55.00

**DOCUMENT # L01000022091**

1. Entity Name

**HM, LLC**



Principal Place of Business

**780 EL DORADO PARKWAY  
PLANTATION FL 33317**

Mailing Address

**780 EL DORADO PARKWAY  
PLANTATION FL 33317**

**20000581**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**7744 Peters Rd  
Suite, Apt. #, etc. #312**

3. Mailing Address

**7744 Peters Rd  
Suite, Apt. #, etc. #312**

City & State

**Plantation FL**

City & State

**Plantation FL**

4. FEI Number

**80-0024639**

Applied For

Not Applicable

Zip

**33324**

Country

Zip

**33324**

Country

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCARTY, VALERIE GRIFFIN  
780 EL DORADO PARKWAY  
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

**Lawrence H Wolfe**

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

**2514 Hollywood Boulevard**

**Suite 508**

City

**Hollywood**

FL

Zip Code

**33020**

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 **Lawrence H Wolfe**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/6/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☒ Delete  
NAME **MCCARTY, VALERIE**  
STREET ADDRESS **780 EL DORADO PKWY**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **MGRM** ☐ Delete  
NAME **JOHN E. MCCARTY**  
STREET ADDRESS **7744 Peters Rd #312**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **John E. McCarty** **REQUIRED**

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

**1/6/03**

Date

**954-732-2429**

Daytime Phone #

CRE083 (10/02)