

**LIMITED LIABILITY  
UNIFORM BUSINESS**

# LO1000022677

DOCUMENT # LO1000022677

1. Entity Name

BOCA HESS, L.L.C.

FILED

02 JUL -9 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
957760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1380 W. Federal

3. Mailing Address

1235 Princeton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Boca Raton, FL

City &amp; State

Boca Raton, FL

Zip

33431

Country

Zip

33431

Country

4. FEI Number

15-301339

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Puder

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

1235 Princeton Way

City

Boca Raton

FL

Zip

33496

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Michael Puder  
1235 Princeton Way  
Boca Raton, FL 33496

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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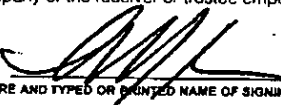
NAME

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:

 Michael Puder 4/24/02 561-742-8300

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

Date

Daytime Phone #

CR2E083B (12/01)