

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 29, 2004 8:00 am
Secretary of State

09-29-2004 90012 015 ****50.00

DOCUMENT # **LO2000004091**

1. Entity Name

HMTAK L.L.C.



DO NOT WRITE IN THIS SPACE

24086351

2. Principal Place of Business

1801 SW 68 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation

City & State

Florida

Zip

33317

Country

USA

Zip

Country

4. FEI Number

010616148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mary Ellen Carey

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

1801 SW 68 AVE

City

Plantation

FL

Zip Code

33317

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

Mary Ellen Carey

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

9/26/04

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Mary Ellen Carey MGR Andrew Carey
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Kristen Carey MGR Todd Weaver
TITLE NAME STREET ADDRESS CITY - ST - ZIP	all 1801 SW 68 AVE Plantation FL 33317
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CR2E083B (12/02)

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:

Mary Ellen Carey

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

9/26/04

Date

Daytime Phone #