

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

DOCUMENT #L02000010766

1. Entity Name
HELBRECHT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
St. Tropez at Plantation

8000 Clearly Boulevard

City & State
Plantation, FL

Zip
33324

Country
US

3. Mailing Address
St. Tropez at Plantation

8000 Clearly Boulevard

City & State
Plantation, FL

Zip
33324

Country
US

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: American Information Services, Inc.

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

One S.E. 3rd Avenue

28th Floor

City
Miami

FL

Zip Code
33131

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1570478

Applied For

Not Applicable

5. Certificate of Status ☐ **\$8.75 Additional
Fee Required**

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  Diana M. Guerra, Assistant Secretary

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

(NOTE: Registered Agent signature required when reinstating)

Date

FEE IS \$50.00

Make Check Payable to Department of State

11. MANAGING MEMBERS/MANAGERS

TITLE NAME **Managing Member** **X Addition**

STREET ADDRESS
CITY-ST-ZIP
Andreas Helbrecht
St. Tropez at Plantation, 8000 Clearly Blvd.
Plantation, FL 33324

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

2/19/03 - 90002-001
\$50.00

**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Andreas Helbrecht, Sole Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.07.2003

Date

+49-2103-80081

Daytime Phone #

Boca Raton
Fort Lauderdale
Jacksonville
Miami
Orlando
Tallahassee
Tampa
West Palm Beach

FILED
2003 MAR 11 AM 11:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



One Southeast Third Avenue
28th Floor
Miami, Florida 33131-1714
www.akerman.com
305 374 5600 tel 305 374 5095 fax

March 6, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Department of State
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Re: HELBRECHT, LLC.
Document #L02000010766

Dear Filing Officer:

Pursuant to my telephone conversation with an Officer of the Registration Section, I am enclosing for you to file, another executed 2003 Uniform Business Report ("UBR"), with regard to the above referenced matter. The original UBR was returned to the company's address because didn't have the managing members/managers.

Also, the officer advised that the Secretary of State cashed our check No. 25013204 in the sum of \$50.00. Therefore, please apply this money to conduct the filing of this UBR.

Thank you for your cooperation in this regard.

Sincerely yours,

AKERMAN SENTERFITT

Diana M. Guerra, Paralegal

Enclosures