## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED DOCUMENT # L02000011011 Mar 25, 2005 08:00 AM Secretary of State 1. Entity Name 340 HIL-DEL PROPERTY MANAGEMENT, LLC Mailing Address Principal Place of Business 366 SW 22ND ROAD MIAMI FL 33129 366 SW 22ND ROAD MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ONTIVERO, DELIA Street Address (P.O. Box Number is Not Acceptable) 366 SW 22ND ROAD MIAMI FL 33129 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS 9, 10 ADDITIONS/CHANGES TITLE MGR TITLE ☐ Change Addition ☐ Delete NAME BENGOCHEA, HILDA MARIE STREET ADDRESS U00000275554 STREET ADDRESS 354 SW 22ND ROAD CITY-ST-ZIP CITY-ST-ZIP 03/25/05-80004-021 50.00 MIAMI FL 33129 TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THUE ☐ Chanαe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #