

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90141 005 \*\*\*\*50.00

**DOCUMENT # L02000015426**

1. Entity Name  
**HERALD SQUARE DESIGNS LLC**



Principal Place of Business  
**500 EGRET CIRCLE  
8408  
DELRAY BEACH, FL 33444**

Mailing Address  
**500 EGRET CIRCLE  
8408  
DELRAY BEACH, FL 33444**

**20010208**



2. Principal Place of Business

**12339 N.W 55th St**

Suite, Apt. #, etc.

3. Mailing Address

**12339 NW 55th St**

Suite, Apt. #, etc.

01312005 Chg-LLC CR2E083 (10/03)

City & State

**CORAL SPRINGS FL**

City & State

**CORAL SPRINGS FL**

4. FEI Number

**44-1867436 14-1837436**

Applied For

Not Applicable

Zip  
**33076**

Country  
**USA**

Zip  
**33076**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEINER, JORDAN L  
500 EGRET CIRCLE  
8408  
DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name **KLEINER, JORDAN L.**  
Street Address (P.O. Box Number is Not Acceptable) **7901 CHARLEMONT PT**  
City **LAKE WORTH** FL Zip Code **33467**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**PRESIDENT 2-7-05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **KLEINER, JORDAN L**  
STREET ADDRESS **500 EGRET CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **MGR** ☐ Delete  
NAME **MITCHELL, CHARLES J**  
STREET ADDRESS **500 EGRET CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **MGR** ☐ Delete  
NAME **KLEINER, TINA B**  
STREET ADDRESS **12339 NW 55TH ST**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33444**

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  
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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:**

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

Date

Daytime Phone #

**2-7-05 9543831219**