## 2005 LIMITED LIABILITY COMPANY

ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401

SIGNATURE:

## **FILED** Apr 30, 2005 08:00 AM Secretary of State

Applied For Not Applicable

AITIN	11pi 30, 2				
DOCUMENT # L02000 1. Entity Name NEMEC & FRONRATH, LLC	0015907		Secret	ary (	of State
Principal Place of Business 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	Mailing Address 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 3340	1			
DO NOT WRITE IN THIS SPACE		04262005No Chg-LLC	4141 1155	E083 (10/03)	
		CE	4. FEI Number 59-1993759		Applied Fo
			5. Certificate of Status Desired		\$5.00 Additional Fee Required
6 Name and Address of (	Jurrent Registered Agent	T	<u> </u>		

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SIGNATURE_		2007	· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	iling Fee Is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HLH ENTERPRISE , INC 800 N FLAGLER DR WEST PALM BEACH, FL 33401		NDCDCC34CCC4
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000349984 05/02/05-80086-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
11. I hereby of indicated limited liab	ertify that the information supplied with this filling does not que on this report is true and accurate and that my signature sha billity company or the receiver or trustee empowered to execute the component of the receiver or trustee empowered to execute the component of the receiver or trustee empowered to execute the component of the receiver or trustee empowered to execute the component of the receiver or trustee empowered to execute the component of the receiver of the component of the com	alify for the exemption stated in Section 119.07(3 Il have the same legal effect as if made under oal ste this report as required by Chapter 608, Florida	)(i), Florida Statutes. I further certify that the information in; that I am a managing member or manager of the a Statutes.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE