

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90027 008 ****50.00

DOCUMENT # L02000016396

1. Entity Name
MAYNARD J. HELLMAN, LLC.



Principal Place of Business

2999 NE 191 STREET, ~~Box~~ Suite 905
AVENTURA, FL 33180

Mailing Address

2999 NE 191 STREET, ~~Box~~ Suite 905
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2473890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J ESQ.
2999 NE 191 STREET, ~~Box~~ Suite 905
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HELLMAN, MAYNARD J
STREET ADDRESS	P.O. BOX 611357
CITY-ST-ZIP	N. MIAMI, FL 33261
TITLE	MGR
NAME	HELLMAN, ANDREA L
STREET ADDRESS	P.O. BOX 611357
CITY-ST-ZIP	N. MIAMI, FL 33261
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-06 305-918-0012