

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90023 031 ****50.00

DOCUMENT # L02000018802

1. Entity Name

LLHB, LLC



Principal Place of Business

2700 W. CYPRESS CREEK ROAD, SUITE C-103
FT. LAUDERDALE FL 33309

Mailing Address

2700 W. CYPRESS CREEK ROAD, SUITE C-103
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

3696 N. FEDERAL Hwy
Suite, Apt. #, etc.
SUITE 203

3696 N. FEDERAL Hwy
Suite, Apt. #, etc.
203

City & State

City & State

Fort LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33308

USA

33308

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1629935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIOTRKOWSKI, JOEL S ESQUIRE
317-71ST STREET
MIAMI BEACH FL 33141

Name

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

City

FL

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM	ACKERMAN, MARK D	2850 LAKE WASHINGTON RD., SUITE 2 MELBOURNE FL 32935	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	MARKOVSKY, STANLEY	2700 W. CYPRESS CREEK ROAD, SUITE C-103 FT. LAUDERDALE FL 33309	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

3/19/03

Date

Daytime Phone #

CR2E083 (10/02)