

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90213 015 ****50.00

DOCUMENT # L02000023735 1. Entity Name HIATUS OFFICE, LLC	
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Principal Place of Business 5900 HIATUS RD TAMARAC, FL 33321	Mailing Address 5900 HIATUS RD TAMARAC, FL 33321
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03172005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3665034	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KEYES, CAREY A 5900 HIATUS RD TAMARAC, FL 33321
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYES, CAREY 8201 W MCNAB ROAD 5900 Hiatus Road FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYES, KENNETH 8201 W MCNAB ROAD 5900 Hiatus Road FORT LAUDERDALE, FL 33321
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4805 (954) 724-7000