

**2006-LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023735

1. Entity Name
HIATUS OFFICE, LLC



Principal Place of Business
**5900 HIATUS RD
TAMARAC, FL 33321**

Mailing Address
**5900 HIATUS RD
TAMARAC, FL 33321**



03092008 No Chg-LLC

CR2E083 (11/05)

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**

**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**

000000500474
04/25/06-80024-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KEYES, CAREY
STREET ADDRESS	5900 HIATUS ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321
TITLE	MGR
NAME	KEYES, KENNETH
STREET ADDRESS	5900 HIATUS ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321
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 605, Florida Statutes.

SIGNATURE: _____

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

CAREY KEYES

4-6-06 (RS) 724-7000

Date

Daytime Phone