2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029615

1. Entity Name
HLB FLOWERS, L.L.C.

Principal Place of Business	Mailing Address
324 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324	324 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

03012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4220081

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000077241
03/05/04-80035-001 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DOS SANTOS, SERGIO A
STREET ADDRESS	3031 N. OCEAN BLVD. #1405
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	MGRM
NAME	DE BARROS, HOMERO LEVY
STREET ADDRESS	10421 GOLDEN EAGLE CT.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	DE BASITO, PAULO ROBERTO D
STREET ADDRESS	RUA AROABA 205 VILA LEOPOLDINA
CITY-ST-ZIP	SAO PAULO, BR 05315020
TITLE	T
NAME	LEVY DE BARROS, BRUNHILDE H
STREET ADDRESS	10421 GOLDEN EAGLE CT.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	S
NAME	EVANGELISTA, CATIA CILENE P
STREET ADDRESS	3031 N. OCEAN BLVD. #1405
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	A
NAME	DE BARROS, MELISSA H
STREET ADDRESS	10421 GOLDEN EAGLE CT.
CITY-ST-ZIP	PLANTATION, FL 33324

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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: _____ 03-1-2004 954-475-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #