

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90347 001 \*\*\*150.00

**DOCUMENT # L02000030653**

1. Entity Name  
HOLYOKE HOLDINGS, LLC



Principal Place of Business

222 LAKEVIEW AVENUE, SUITE 160-263  
WEST PALM BEACH, FL 33401

Mailing Address

222 LAKEVIEW AVENUE, SUITE 160-263  
WEST PALM BEACH, FL 33401



02152007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1623573

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, HENRY E JR  
222 LAKEVIEW AVE  
SUITE 160-263  
WEST PALM BEACH, FL 33401

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SCHMIDT, HENRY E JR
STREET ADDRESS	222 LAKEVIEW AVE, SUITE 160-263
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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STREET ADDRESS	
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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 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 #