

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033143 -

1. Entity Name
441 HOLDINGS, LLC



Principal Place of Business
1420 BISCAYA DRIVE
SURFSIDE, FL 33154 US

Mailing Address
1420 BISCAYA DRIVE
SURFSIDE, FL 33154 US

DO NOT WRITE IN THIS SPACE



04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
43-1987531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT A. BRANDT, P.A.
1110 BRICKELL AVENUE
PH-1
MIAMI, FL 33131

**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
IZHAK, YORAM
1420 BISCAYA DRIVE
SURFSIDE, FL 33154

U00000362264
05/05/05-80109-022 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #