

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000033346

1. Entity Name
ENHANCEMENT III, LLC



Principal Place of Business
214 SE 13TH STREET
FORT LAUDERDALE, FL 33316

Mailing Address
214 SE 13TH STREET
FORT LAUDERDALE, FL 33316

2. Principal Place of Business
1300 S. Ocean Blvd.

3. Mailing Address
same as #2

Suite, Apt. #, etc. #703

Suite, Apt. #, etc. same as #2

08042005 Chg-LLC CR2E083 (10/03)

City & State
Pompano Beach, FL

City & State
same as #2

4. FEI Number
06-1664989

Applied For
Not Applicable

Zip
33062

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

NOBLETT, PAUL W JR
214 SE 13TH STREET
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Stephanie Shorr Noblett

Street Address (P.O. Box Number is Not Acceptable)

1300 S. Ocean Blvd. #703

City
Pompano Beach

FL

Zip Code
33062

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, the new agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME NOBLETT, PAUL W
STREET ADDRESS 441 LIDO DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Stephanie Shorr Noblett
STREET ADDRESS 1300 S. Ocean Blvd. #703
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

00005848/20
08/19/05--01023--003 **160.00

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2005 AUG 19 PM 2:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

