

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000034005

1. Entity Name  
HASEY ENTERPRISES IV, LLC



Principal Place of Business  
1877 SOUTH FEDERAL HWY., STE. 202  
BOCA RATON, FL 33432

Mailing Address  
1877 SOUTH FEDERAL HWY., STE. 202  
BOCA RATON, FL 33432



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1671985

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PILOTTE, FRANK T ESQ  
MURPHY, REID, PILOTTE, ORD & AUSTIN  
340 ROYAL PALM WAY, STE. 100  
PALM BEACH, FL 33480

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HASEY, WILLIAM J JR  
1877 S, FEDERAL HWY SUITE 202  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HASEY, MARTIN J  
42 N SWINTON AVE.  
DELRAY BEACH, FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FAZIOLI, MARILYN  
1877 S. FEDERAL HWY SUITE 202  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000792150  
01/23/08-80103-018 138.75

**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

Wm. J. Hasey, JR 1/8/08

Date

Daytime Phone #

561 368 5521