

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90029 026 ****50.00

DOCUMENT # L02000034012

1. Entity Name

HASEY ENTERPRISES III, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1877 S. Federal Hwy

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State
BOCA RATON FL

City & State

4. FEI Number

061671983

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FRANK T. Pilotte, ESQ

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

340 ROYAL PALM WAY Suite 100

City PALM BEACH

FL

Zip Code 33480

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

Manager

William J Hasey Jr.

1877 S Federal Hwy Suite 202

Boca Raton, FL 33432

Manager

Martin J Hasey

42 N Swinton Ave

Delray Beach, FL 33444

Manager

Marilyn R Fazioli

1877 S Federal Hwy Suite 202

Boca Raton, FL 33432

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/7/03 561 368 5521

CR2E083B (12/02)