

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90061 049 *****50.00

DOCUMENT # L03000000304

1. Entity Name
SQUIRES OFFICE, LLC



Principal Place of Business
1680 N.E. 135 STREET
SECOND FLOOR
NORTH MIAMI, FL 33181

Mailing Address
1680 N.E. 135 STREET
SECOND FLOOR
NORTH MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address
600 S. Andrews Ave



Suite, Apt. #, etc.

Suite, Apt. #, etc.
302

04262004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Ft. Lauderdale, FL

4. FEI Number
65-1170127

Applied For
Not Applicable

Zip

Country

Zip
33301

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWLING, ROBERT C
1680 N.E. 135 STREET
SECOND FLOOR
NORTH MIAMI, FL 33181

Name
James J. Hurchalla

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

600 S. Andrews Avenue Suite 302

City
Ft. Lauderdale FL Zip Code
33301

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

James J. Hurchalla

(NOTE: Registered Agent signature required when reinstating)

4/28/04
DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BOWLING, ROBERT C
1680 N.E. 135 STREET
NORTH MIAMI, FL 33181 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HURCHALLA, JAMES J
600 NORTH ANDREWS AVE. SUITE 302
FT. LAUDERDALE, FL 33301 ☐ Delete

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

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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:

James J. Hurchalla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/04 934 462 6770
DATE Daytime Phone #