

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90050 038 \*\*\*\*55.00

**DOCUMENT # L03000006566**

1. Entity Name  
**HANKSUGI, L.L.C.**



Principal Place of Business  
**1103 SHOMA DR.  
ROYAL PALM BEACH, FL 33414 US**

Mailing Address  
**1103 SHOMA DR.  
ROYAL PALM BEACH, FL 33414 US**

**20058163**



2. Principal Place of Business  
**125 South State Rd 7.  
Suite, Apt. #, etc.  
104-311**

3. Mailing Address  
**125 South State Rd 7.  
Suite, Apt. #, etc.  
104-311**

05032005 Chg-LLC CR2E083 (10/03)

City & State  
**Royal Palm beach, FL**  
Zip  
**33411**  
Country  
**USA.**

City & State  
**Royal Palm beach, FL**  
Zip  
**33411**  
Country  
**USA.**

4. FEI Number **743831881** ☒ Applied For  
APPLIED FOR ☐ Not Applicable

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

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

**MANUEL DINER, P. A.  
7735 NW 146 STREET  
SUITE 300  
MIAMI LAKES, FL 33016**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
UMBAĆIA, JUAN C  
1103 SHOMA DR.  
ROYAL PALM BEACH, FL 33414** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM.  
Umbacia, Juan C.  
125 South State Rd 7. Suite 104-311  
Royal Palm beach, FL 33411** ☒ Change ☐ Addition

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

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

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

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

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

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 #

**Juan Umbacia 05/04/05 954-9934375**