

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90024 034 \*\*\*143.75

**DOCUMENT # L03000006899**

1. Entity Name  
**HOWTH HILL, L.L.C.**



Principal Place of Business  
**4220 NE 26 AVE  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**PO BOX 5814  
LIGHTHOUSE POINT, FL 33074-0553**

**60031388**



2. Principal Place of Business - No P.O. Box #  
**1925 NW 18TH STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008 Chg-LLC CR2E083 (12/06)

City & State  
**POMPAÑO BEACH, FLORIDA**

City & State

4. FEI Number  
**45-0502952**

Applied For  
Not Applicable

Zip Country  
**33069 USA**

Zip Country

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

**SHENDELL & ASSOCIATES, P.A.  
3650 N. FEDERAL HIGHWAY SUITE 202  
LIGHTHOUSE POINT, FL 33064**

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

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME **HYNES, HELEN M**  
STREET ADDRESS **1925 NW 18TH STREET**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33069**

TITLE ☐ Change ☒ Addition  
NAME **Managing Member**  
STREET ADDRESS **Waterford Holdings Ltd.**  
CITY-ST-ZIP **1925 NW 18th Street  
Pompano Beach, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **H Patricia Hynes**  
STREET ADDRESS **Manager**  
CITY-ST-ZIP **1925 NW 18th Street  
Pompano Beach, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:** H Patricia Hynes, Authorized Representative/Manager

04/25/2008

954-214-6290

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

Date

Daytime Phone #