

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010365

1. Entity Name
HERITAGE HOLDINGS OF FLAUSA, LLC



Principal Place of Business
**8220 SOUTHWEST 52ND AVENUE
MIAMI, FL 33143**

Mailing Address
**8220 SOUTHWEST 52ND AVENUE
MIAMI, FL 33143**



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0566533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLSKY, IRENE
8220 SOUTHWEST 52ND AVENUE
MIAMI, FL 33143**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000186053
01/21/05-80042-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COLSKY, IRENE
8220 SOUTHWEST 52ND AVE
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COLSKY, ARTHUR
8220 SOUTHWEST 52 AVE.
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: Irene Colsky

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

Date

Daytime Phone #

1/18/05 305/665-2493