



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00
Secretary of State**

DOCUMENT # L03000013377 1. Entity Name HYVA, LLC		
Principal Place of Business 1415 N. PALMWAY LAKE WORTH, FL 33460	Mailing Address 1415 N. PALMWAY LAKE WORTH, FL 33460	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHURER, JOHN P 1415 N. PALMWAY LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYVONEN, ANNE M 1415 N. PALMWAY LAKE WORTH, FL 33460	
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		
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:  member		2.9.05 561.547.2892
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> <small>Daytime Phone #</small>



02092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0516591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000226052
02/11/05-80064-006 50.00

**DO NOT WRITE
IN THIS SPACE**