

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90048 050 ***150.00

DOCUMENT # L03000015717

1. Entity Name
MOLLIE JILL, LLC



Principal Place of Business
**19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498**

Mailing Address
**19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498**

DO NOT WRITE IN THIS SPACE



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0465668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OPPENHEIM, DAVID B
19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498**

**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

David Oppenheim

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OPPENHEIM, DAVID B
19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OPPENHEIM, JENNIFER M
19288 SKYRIDGE CIRCLE
BOCA RATON, FL 33498**

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

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IN THIS SPACE**

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:

David Oppenheim

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

4/21/06

Date

561-998-5550

Daytime Phone #

#L03000015717 40058025

BERNGARD & ASSOCIATES

Certified Public Accountants
6413 Congress Avenue, Suite 240
Boca Raton, Florida 33487
(561) 994-8007 Fax: (561) 994-0302

ATTACHMENT

TO: DAVID / MOLLE JIN LLC DATE: 4/21/06

FILING INSTRUCTIONS

The attached copy of your tax return is to be retained for your files. Enclosed herewith is the original of the return, which should be SIGNED, DATED and MAILED in accordance with the instructions below:

FORM: ANNUAL REPORT PERIOD ENDED: 2006

TAXES:

- ☐ No tax is due; No refund due
- ☒ Tax due of \$ 150-
- ☐ Refund due you of \$ _____ which will be
 - ☐ Refunded to you
 - ☐ Applied to Estimated Income Tax for the year ending _____

REQUIRED ACTION:

- ☒ This return is to be filed no later than 4/30/06
- ☒ Sign and date:
 - ☒ As Officer
 - ☐ As taxpayer and spouse, each signing on the appropriate line
- ☒ Enclose a check in the amount of \$ 150 -
Write your social security or employer identification number on the check # L03000015717
Payable to FLORIDA DEPARTMENT OF STATE.

MAIL TO:

- ☐ Internal Revenue Service Center
- ☐ Illinois Department of Revenue
Springfield, Illinois 62726
- ☒ DIVISION OF CORPORATIONS
P.O. Box 1500
TALLAHASSEE FL 32302-1500