

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90091 020 ***138.75

DOCUMENT # L03000022602

1. Entity Name

LAW OFFICE OF SHERRY L. HYMAN, PLLC



Principal Place of Business

3801 PGA BLVD.
SUITE 107
PALM BEACH GARDENS FL 33410

Mailing Address

3801 PGA BLVD.
SUITE 107
PALM BEACH GARDENS FL 33410



2. Principal Place of Business - No P.O. Box #

3535 Military Trail Ste 101

3. Mailing Address

Suite, Apt. #, etc. Same

Suite, Apt. #, etc.

Jupiter, Florida 33458

Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number 77-0602654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERRY LEFKOWITZ HYMAN, ESQ
3801 PGA BLVD.
SUITE 107
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Sherry Lefkowitz Hyman
Street Address (P.O. Box Number is Not Accepted) 3535 Military Trail Suite 101
City Jupiter, Florida FL 33458

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 the applicable

(NOTE: Registered Agent signature required when re-registering)

1/30/08

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

TITLE MGRM
NAME HYMAN, SHERRY L
STREET ADDRESS 4301 S. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33405

10. ADDITIONS/CHANGES

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

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

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 exemptions contained in Section 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:

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

Date

Exempted From #

1/30/08