

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90092 003 ****50.00

14025148



07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number **02-0699210** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000026475
1. Entity Name
HOLIDAY LIGHTING DESIGNS, LLC



Principal Place of Business
**5604 PRISCILLA LANE
LAKE WORTH, FL 33463**

Mailing Address
**5604 PRISCILLA LANE
LAKE WORTH, FL 33463**

2. Principal Place of Business
1599 SW 30TH AVE
Suite, Apt. #, etc.
STE 14

3. Mailing Address
1599 SW 30TH AVE
Suite, Apt. #, etc.
STE 14

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

Zip
33425 Country
US

Zip
33426 Country
US

6. Name and Address of Current Registered Agent
**DELAAR, MICHAEL
5604 PRISCILLA LANE
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent
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

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael DeLaar* **Michael DeLaar** **7/5/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
14025148

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 1, 2004

Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Taxpayer: ~~Holiday Lighting~~ Designs, LLC.
Document #: L03000026475
FEIN: 02-0699210
Tax Form: UBR
Tax Period: 2004

To Whom It May Concern:

We have enclosed check # 165 in the amount of \$50.00 for the Annual Renewal of Holiday Lighting Designs, LLC, Document # L03000026475.

Please abate the penalty as Mr. Hoekzema did not receive the original UBR, and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc