

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90094 046 ****50.00

DOCUMENT # L03000031447

1. Entity Name

HOFFCO PROPERTIES, LLC.



Principal Place of Business

~~5914 S.W. 87TH AVENUE~~
~~FT. LAUDERDALE FL 33328~~

Mailing Address

~~5914 S.W. 87TH AVENUE~~
~~FT. LAUDERDALE FL 33328~~

2. Principal Place of Business

15031 Hwy 331 SOUTH
Suite, Apt. #, etc.
UNIT 117

3. Mailing Address

15031 Hwy 331 SOUTH
Suite, Apt. #, etc.
UNIT 117

City & State

FREEPORT, FLORIDA

City & State

FREEPORT, FLORIDA

Zip

32439

Country

USA

Zip

32439

Country

USA



1st MOORE

CR2E083 (10/04)

4. FEI Number

83-0369873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HOFFMANN, DONALD W~~
~~5914 S.W. 87TH AVENUE~~
~~FT. LAUDERDALE FL 33328~~

7. Name and Address of New Registered Agent

Name HOFFMANN, DONALD W.

Street Address (P.O. Box Number is Not Acceptable)

15031 Hwy 331 SOUTH UNIT 117

City FREEPORT

FL

Zip Code
32439

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

Donald W. Hoffmann

DONALD W. HOFFMANN

APR 21, 2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	HOFFMANN, DONALD W	
STREET ADDRESS	5914 S.W. 87TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMANN, DONALD W.	
STREET ADDRESS	15031 Hwy 331 SOUTH UNIT 117	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donald W. Hoffmann* DONALD W. HOFFMANN APR 21, 05 754-581-4572

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

Date

Daytime Phone #