

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

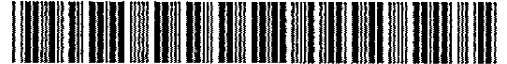
**DOCUMENT # L03000032530**

1. Entity Name  
**WARHEIT ENTERPRISES, LLC**



Principal Place of Business  
**3296 NW 60TH ST.  
BOCA RATON, FL 33496**

Mailing Address  
**3296 NW 60TH ST.  
BOCA RATON, FL 33496**



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0188801</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARELLEK, STEVEN  
700 SOUTH FEDERAL HWY, STE 200  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARHEIT, PETER 3296 NW 60TH ST. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARHEIT, RANDY KAYLIN 3296 NW 60TH ST. BOCA RATON, FL 33496
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01/28/05-80010-015 50.00

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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:** *Peter S. Warheit* **Peter S. Warheit** **1-25-05** **561-997-0038**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #