

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040512 1. Entity Name HITZCO, LLC							
Principal Place of Business 7919 LA MIRADA DRIVE BOCA RATON FL 33433				Mailing Address 7919 LA MIRADA DRIVE BOCA RATON FL 33433			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/05)			
City & State		City & State					
Zip		Zip					
Country		Country					
4. FEI Number 81-0636872				Applied For ☐ Not Applicant			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				4. FEI Number 81-0636872			
6. Name and Address of Current Registered Agent HANDLER, SHEILA 7919 LA MIRADA DR. BOCA RATON FL 33433						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.						FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)						DATE _____	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HITZIG, GARY 7919 LA MIRADA DRIVE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANDLER, SHEILA 7919 LA MIRADA DRIVE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLER, ARLENE 7919 LA MIRADA DRIVE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		

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:

Sheila Handler

4-14-06

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

Date

Governor's License #