

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 24, 2006 08:00 AM
Secretary of State
RECEIVED
JUL 18 2006

DOCUMENT # L03000052411

1. Entity Name /
LAS OLA6 HOLDINGS LLC



Principal Place of Business
**1515 N. FEDERAL HWY, STE 206
BOCA RATON FL 33432**

Mailing Address
**1515 N. FEDERAL HWY, STE 206
BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number **65-1215641**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331**

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

7-27-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP
**MGRM
CAMPBELL, ROBERT B
1515 N. FEDERAL HWY, STE 206
BOCA RATON FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP
**U00000575223
08/24/06-80006-007 50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Daytime Phone #

7-27-06