

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90077 042 ***138.75

DOCUMENT # L04000001541

1. Entity Name
STILES-HERNANDEZ DEVELOPMENT, LLC



Principal Place of Business
**300 S.E. 2ND ST.
FORT LAUDERDALE, FL 33301**

Mailing Address
**300 S.E. 2ND ST.
FORT LAUDERDALE, FL 33301**

60010980



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
55-0892689

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JONES, PATRICIA
300 S.E. 2ND ST.
FORT LAUDERDALE, FL 33301**

Name
Robert Esposito
Street Address (P.O. Box Number is Not Acceptable)
Stiles Corporation
300 SE 2nd Street
City
Fort Lauderdale FL 33301

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

Robert Esposito

1/31/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HERNANDEZ, ALEX
300 S.E. 2ND ST.
FORT LAUDERDALE, FL 33301** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STILES, TERRY W
300 S.E. 2ND ST.
FORT LAUDERDALE, FL 33301** ☐ Delete

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

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☐ 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

Terry W. Stiles January 31, 2008 954-627-9300

Date

Daytime Phone #