

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000018183

1. Entity Name
HOLCO, LLC



Principal Place of Business

**100 S. BISCAYNE BLVD.
SUITE 1100
MIAMI, FL 33131 US**

Mailing Address

**100 S. BISCAYNE BLVD.
SUITE 1100
MIAMI, FL 33131 US**

DO NOT WRITE IN THIS SPACE



02152006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2881248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, KERRY E
2875 NE 191ST STREET
SUITE 500
AVENTURA, FL 33180**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., #1100
CITY-ST-ZIP	MIAMI, FL 3313
TITLE	MGRM
NAME	COHEN, ED
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE #1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000547038
05/12/06-80008-009 \$0.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #