


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90159 036 ***138.75

DOCUMENT # L04000028855	
1. Entity Name THE VILLAS HB, LLC	

Principal Place of Business 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308	Mailing Address 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308
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50004835



2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 103	3. Mailing Address 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 103
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03212008 Chg-LLC CR2E083 (12/06)

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33334	Country U.S.A.

4. FEI Number 27-0087957	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 PIOTRKOWSKI, JOEL S ESQUIRE 317 - 71ST STREET MIAMI BEACH, FL 33141	
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7. Name and Address of New Registered Agent	
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 _____ (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	MGRM MARKOFKY, STANLEY 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFKY, STANLEY 1400 EAST OAKLAND PARK BLVD., #103 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Stanley Markofsky, managing member

4/15/08 954-567-5161

Date

Daytime Phone #