

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State

04-20-2005 90039 032 ****50.00

DOCUMENT # L04000047315 1. Entity Name MAURENE FREEDMAN HOLDINGS, LLC					
Principal Place of Business 1405 PETRONIA ST. KEY WEST FL 33040 US			Mailing Address 1405 PETRONIA ST. KEY WEST FL 33040 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 20-1282197	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEDMAN, MAURENE 1405 PETRONIA ST. KEY WEST FL 33040				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 DATE 4-14-05					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREEDMAN, MAURENE 1405 PETRONIA ST. KEY WEST FL 33040	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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 exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: DATE 4-14-05					

38000673



1st MOORE CR2E083 (10/04)

\$5.00 Additional
Fee Required

FL

Zip Code

(NOTE: Registered Agent signature required when submitting)

DATE

SIGNATURE:

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

Date

Disclose Process #