

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # L04000055994

1. Entity Name
HERITAGE SQUARE PLAZA, L.L.C.



Principal Place of Business
1800 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33069

Mailing Address
244 MADISON AVENUE
PMB 344
NEW YORK, NY 10016



03312008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1420170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M ESQ
125 NORTH 46 AVENUE
HOLLYWOOD, FL 33021

**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 _____

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

U000007821506
04/16/08-80003-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOLDENBERG, MATHIEU
STREET ADDRESS	244 MADISON AVE PMB 344
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	MGR
NAME	SASSON, ROBERT
STREET ADDRESS	244 MADISON AVE, PMB 344
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

3-31-08

Date

212-217-8120

Daytime Phone #