

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90152 018 \*\*\*\*50.00

**DOCUMENT # L04000059288**

1. Entity Name

HML LAKE PLACID, LLC



Principal Place of Business

7333 HYPOLUXO FARMS ROAD  
LAKE WORTH FL 33463

Mailing Address

7333 HYPOLUXO FARMS ROAD  
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1477626

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE 29TH AVENUE  
SUITE 100  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Margaret Marquez

Street Address (P.O. Box Number is Not Acceptable)

7333 Hypoluxo Farms Rd

City

Lake Worth

FL

Zip Code

33463

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

*Margaret Marquez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/05

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME MARQUEZ, MARGARET  
STREET ADDRESS 7333 HYPOLUXO FARMS ROAD  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE MGR ☐ Delete  
NAME LEBLANC, KEN  
STREET ADDRESS 7333 HYPOLUXO FARMS ROAD  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE MGR ☐ Delete  
NAME HOROWITZ, RON  
STREET ADDRESS 7333 HYPOLUXO FARMS ROAD  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Margaret Marquez*

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

Date

Daytime Phone #

1/29/05 (S61) 642-9600