

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90099 045 ****50.00

DOCUMENT # L04000067086

1. Entity Name

17455 ENTERPRISES, LLC



Principal Place of Business

17101 NE 6TH AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address

17101 NE 6TH AVENUE
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1673774

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALITZER, JOSHUA S
17101 NE 6TH AVENUE
NORTH MIAMI BEACH FL 33162

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CHUSID, HOWARD
STREET ADDRESS 3127 W. HALLAMDALE BEACH BLVD., STE. 115
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE MBR ☐ Delete
NAME JOSHUA GALITZER
STREET ADDRESS 17101 NE 6TH AVE
CITY-ST-ZIP NMB, FL 33162

TITLE MBR ☐ Delete
NAME LARRY STAVIOLOVITZ
STREET ADDRESS 17101 NE 6TH AVE
CITY-ST-ZIP NMB, FL 33162

TITLE MBR ☐ Delete
NAME ROBERT GELBER
STREET ADDRESS 3127 W. Hall Beach Blvd #115
CITY-ST-ZIP PEMBROKE PARK, FL 33009

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:

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

Date

Daytime Phone #

[Handwritten Signature]
MGM chusid
954-964-6860