

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000071037

1. Entity Name
INTERNATIONAL HAGANAH FEDERATION LLC



Principal Place of Business
2550 ROYAL PALM WAY
WESTON, FL 33327

Mailing Address
2550 ROYAL PALM WAY
WESTON, FL 33327



07212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1686005

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, KEVIN P ESQ
1441 BRICKELL AVENUE, STE. 1200
MIAMI, FL 33131

**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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000574385
08/15/06-80001-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PROTO, RANDY
2550 ROYAL PALM WAY
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KANAREK, MIKE L
2550 ROYAL PALM WAY
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

*need to
have
signed*

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

7/28/06 634 536 9400
Date Daytime Phone #