

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90024 033 ****55.00

DOCUMENT # L04000076504

1. Entity Name
HOPE & SUCCESS INVESTMENT LLC.



Principal Place of Business
4471 NW 106TH AVENUE
CORAL SPRINGS, FL 33065

Mailing Address
4471 NW 106TH AVENUE
CORAL SPRINGS, FL 33065

20000218



2. Principal Place of Business
4471 NW 106 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
4471 NW 106 AVENUE
Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State
CORAL SPRINGS, FL
Zip 33065 Country USA

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CORAL SPRINGS, FL
Zip 33065 Country USA

4. FEI Number
20-1774413
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFAITE, MARIE R
4471 NW 106TH AVENUE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name Not applicable
Street Address (P.O. Box Number is Not Acceptable)
Not applicable
City Not applicable FL Zip Code N/A

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SAFAITE, MARIE R
STREET ADDRESS 4471 NW 106TH AVENUE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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

MARIE R. SAFAITE

1/5/05

(954)232-3780

Date

Daytime Phone #