

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

01-10-2005 90053 030 ****50.00

DOCUMENT # L04000077467 1. Entity Name HAMEROFF & DESANTIS, L.L.C.					
Principal Place of Business 7243 BRYAN DAIRY ROAD LARGO, FL 33777			Mailing Address 7243 BRYAN DAIRY ROAD LARGO, FL 33777		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01072005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COLEN, GERALD R 7243 BRYAN DAIRY ROAD LARGO, FL 33777			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 renewing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMEROFF, NATHAN 1190 80TH STREET COURT SOUTH ST. PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESANTIS, CLAYTON 7306 WESTMINSTER COURT UNIVERSITY PARK, FL 34201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: <u>Nathan Hameroff</u>			1/7/05 727-384-0395		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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