

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 22, 2005 8:00 am
Secretary of State

04-08-2005 90277 048 ****50.00

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1. Entity Name

SCHUTTLE & GREENBERG, L.L.C.



Principal Place of Business

2151 BOCA RATON BLVD., SUITE 100
BOCA RATON FL 33431

Mailing Address

2151 BOCA RATON BLVD., SUITE 100
BOCA RATON FL 33431



2. Principal Place of Business

2151 N.W. Boca Raton Blvd

3. Mailing Address

2151 N.W. Boca Raton Blvd

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

City & State

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-2019111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, SUSAN E ESQ
2151 BOCA RATON BLVD., SUITE 100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

2151 N.W. Boca Raton Blvd, Suite 100

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MEMBER MGRM
HOLLY DAVIDSON SCHUTTLE, PA.
2151 NW BOCA RATON BOULEVARD, SUITE 100
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MEMBER MGRM
SUSAN E. GREENBERG, PA.
2151 NW BOCA RATON BOULEVARD, SUITE 100
BOCA RATON, FL 33431

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

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

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

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 608, Florida Statutes.

SIGNATURE

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

8/23/05

Date

Daytime Phone #