

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034347

1. Entity Name
TOWEL BROTHERS, LLC



Principal Place of Business
125 SAINT EDWARDS PLACE
PALM BEACH GARDENS, FL 33418

Mailing Address
125 SAINT EDWARDS PLACE
PALM BEACH GARDENS, FL 33418



02122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2636605

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEHON, FREDERIC T
5606 PGA BOULEVARD STE 211
PALM BEACH GARDENS, FL

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DJG REALTY, LLC
125 SAINT EDWARDS PLACE
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GELMAN, GARY
125 SAINT EDWARDS PLACE
PALM BEACH GARDENS, FL 33418

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

U00000652356
03/12/07-80015-006 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #

2/25/07