

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-18-2008 90021 028 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000053086 1. Entity Name HRS MANSFIELD, LLC	
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Principal Place of Business 568 MANSFIELD NORTH BOCA RATON, FL 33434	Mailing Address 2801 LINDENMERE DRIVE MERRICK, NY 11566
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DO NOT WRITE IN THIS SPACE

30001572



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 55-0897783	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTERRA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146	<i>Rhea Rosenfeld</i> <i>568 Mansfield North</i> <i>Boca Raton, FL 33434</i>
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**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 <i>Rhea Rosenfeld</i> Signature, typed or printed name of registered agent and title if applicable	DATE <i>3/4/08</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR ROSENFELD, RHEA 568 MANSFIELD NORTH BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR ROSENFELD, HERBERT D 568 MANSFIELD NORTH BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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: <i>Rhea Rosenfeld</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE <i>2/1/08</i> 712 472-8822 Daytime Phone #