

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083687 •

1. Entity Name  
HALI II, LLC



FILED

2009 JAN 13 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052009 No Chg-LLC

CR2E083 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3375783

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELKIN, STEVEN C ESQ.  
FRANK, WEINBERG & BLACK, P.L.  
7805 S.W. 6TH COURT  
PLANTATION, FL 33324

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2009 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEIER, HENRY 1776 N PINE ISLAND RD #118 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOPPERT, PHYLLIS 75 900 VARDON WAY PALM DESERT, CA 92211
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	

000140447050  
01/13/09--01007--008 \*\*138.75

**DO NOT WRITE  
IN THIS SPACE**

*OK 1-14-09*

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 #

*1/6/09 954-963-1444*