

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000106297

1. Entity Name
HAVERHILL BUSINESS PARK 6, LLC



Principal Place of Business
**5610 PGA BOULEVARD, SUITE 114
PALM BEACH GARDENS, FL 33418**

Mailing Address
**5610 PGA BOULEVARD, SUITE 114
PALM BEACH GARDENS, FL 33418**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4207052

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SABATELLO, CARL M
5610 PGA BOULEVARD, SUITE 114
PALM BEACH GARDENS, FL 33418**

**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, 2008 Fee will be \$538.75**

U000000838844
03/05/08-80047-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SABATELLO, CARL M
5610 PGA BOULEVARD SUITE 114
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SABATELLO, PAUL T
5610 PGA BOULEVARD SUITE 114
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SABATELLO, THEODORE P
5610 PGA BOULEVARD SUITE 114
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SABATELLO, MICHAEL J
5610 PGA BOULEVARD SUITE 114
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

CARL M. SABATELLO

1/21/08 (561)626-7600

Date

Daytime Phone #