

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90060 030 ****50.00

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1. Entity Name
RESULTS BY SANDY, L.L.C.



Principal Place of Business
**3 BERWICK DR.
PALM BEACH GARDENS, FL 33418**

Mailing Address
**3 BERWICK DR.
PALM BEACH GARDENS, FL 33418**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3 BERWICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Palm Beach Gardens, FL

4. FEI Number
20-4134669

Applied For
Not Applicable

Zip Country

Zip
33418 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIRSCH, SANDRA K
3 BERWICK DR.
PALM BEACH GARDENS, FL 33418**

Name
Hirsch Sandra K.
Street Address (P.O. Box Number is Not Acceptable)
3 BERWICK ROAD
City
Palm Beach Gardens FL Zip Code
33418

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIRSCH, SANDRA K
3 BERWICK DR.
PALM BEACH GARDENS, FL 33418** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Sandra K. Hirsch, Manager 1/6/07 (581) 626 8636