

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90088 049 \*\*\*138.75

**DOCUMENT # L06000079187**

1. Entity Name  
**HOT PARTIES LLC**



Principal Place of Business  
6550 WEST STATE ROAD 84  
F-214  
DAVIE, FL 33317 US

Mailing Address  
941 SW 88TH TERRACE  
PLANTATION, FL 33324 US

**60006526**



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

3. Mailing Address  
**5309 W. Broward Blvd**

01032008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**#118**

City & State

City & State  
**Plantation, FL**

Zip

Country

Zip

Country

**33317**

4. FEI Number

**14-1973357**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, SPENCER J  
941 SW 88TH TERRACE  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name **Kramer Spencer J**

Street Address (P.O. Box Number is Not Acceptable)  
**8216 NW 13 St.**

City **Plantation**

**FL**

Zip Code

**33322**

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

**2/4/08**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **KRAMER, SPENCER J**  
STREET ADDRESS **941 SW 88TH TERRACE**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Spencer Kramer**  
STREET ADDRESS **8216 NW 13 St.**  
CITY-ST-ZIP **Plantation, FL 33322**

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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

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

**2/4/08 954-404-2405**

Date

Daytime Phone #