

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2008 90335 008 \*\*\*138.75

**DOCUMENT # L06000093120**

1. Entity Name  
**HAVERHILL ACRES, LLC**



Principal Place of Business  
**2070 N. OCEAN BLVD., NO. 3  
BOCA RATON, FL 33431**

Mailing Address  
**2070 N. OCEAN BLVD., NO. 3  
BOCA RATON, FL 33431**

**00013493**



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

3. Mailing Address

**P.O. Box 4110**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

**Boca Raton, FL.**

4. FEI Number

**20-5588633**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33429**

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

**LEVIN, ZVI  
2070 N. OCEAN BLVD., NO. 3  
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR.  
LEVIN, ZVI  
P.O. BOX 4110  
BOCA RATON, FL 33429** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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

**3-6-08**

Date

**561-391-9233**

Daytime Phone #