

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90483 037 ****50.00

DOCUMENT # L06000120095

1. Entity Name

TRACY HRITZ MS, RD, LLC



Principal Place of Business

2715 HANCOCK CREEK RD.
WEST PALM BEACH FL 33411
US

Mailing Address

2715 HANCOCK CREEK RD.
WEST PALM BEACH FL 33411
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-8188599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
HRITZ, TRACY
STREET ADDRESS
2715 HANCOCK CREEK RD.
CITY- ST- ZIP
WEST PALM BEACH FL 33411

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ 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 Section 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 #

Tracy D Hritz

3-1-07 561-346-6002