

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90077 041 \*\*\*138.75

**DOCUMENT # L07000087653**



1. Entity Name  
**STILES-HERNANDEZ DEVELOPMENT II, LLC**

Principal Place of Business  
**300 S.E. 2ND STREET  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 S.E. 2ND STREET  
FORT LAUDERDALE, FL 33301**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**35-2326470**

Applied For  
Not Applicable

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

**JONES, PATRICIA  
300 S.E. 2ND STREET  
FORT LAUDERDALE, FL 33301**

Name  
**Robert Esposito**

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

**Stiles Corporation**

**300 SE 2nd Street**

City

**Fort Lauderdale**

**FL**

Zip Code  
**33301**

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.

**Robert Esposito**

(NOTE: Registered Agent signature required when reinstating)

**1/31/08**

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  
HERNANDEZ, ALEX  
300 S.E. 2ND STREET  
FORT LAUDERDALE, FL 33301** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STILES, TERRY W  
300 S.E. 2ND STREET  
FORT LAUDERDALE, FL 33301** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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: **Terry W. Stiles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Terry W. Stiles**

**January 31, 2008**

**954-627-9300**

Date

Daytime Phone #