

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90009 001 ***138.75

DOCUMENT # L07000101597					
1. Entity Name H.K. YOSHIDA CONSTRUCTION, LLC					
Principal Place of Business 3840 W. HILLSBORO BLVD., 222 DEERFIELD BEACH, FL 33442			Mailing Address 3840 W. HILLSBORO BLVD., 222 DEERFIELD BEACH, FL 33442		
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	4. FEI Number 26-1145302	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOSHIDA, HALLY JR. 3840 W. HILLSBORO BLVD., 222 DEERFIELD BEACH, FL 33442				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOSHIDA, HALLY JR. 3840 W. HILLSBORO BLVD., 222 DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: _____			8/1/08 554-275-3165		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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