

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2008 90339 013 ***138.75

DOCUMENT # L07000105695

1. Entity Name
5 O'CLOCK SOMEWHERE USA, INC.



Principal Place of Business Mailing Address
~~934 N UNIVERSITY DR~~ 934 N UNIVERSITY DR
~~#250~~ #250
~~CORAL SPRINGS FL 33071 US~~ CORAL SPRINGS, FL 33071 US

60013688



2. Principal Place of Business - No P.O. Box #
12909 Village Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03072008 Chg-LLC CR2E083 (12/06)

City & State
MADISON BEACH FL
33708

City & State

4. FEI Number
26-1261250

Applied For
Not Applicable

Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name NEIL HAMUY
Street Address (P.O. Box Number is Not Acceptable)
934 N. UNIVERSITY DR #250
City CORAL SPRINGS FL Zip Code 33071

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 *Neil Hamuy* NEIL HAMUY 3/7/08
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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAMUY, NEIL	
STREET ADDRESS	934 N UNIVERSITY DR #250	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Neil Hamuy* NEIL HAMUY 3/7/08 581-306-7739