

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90005 026 \*\*\*\*50.00

**DOCUMENT # L97000000111**

1. Entity Name

**H.F.L. GENERATORS, L.L.C.**



Principal Place of Business

Mailing Address

**1951 NE 54TH STREET  
FORT LAUDERDALE FL 33308**

**1951 NE 54TH STREET  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

**3284 N. STATE ROAD 7**

3. Mailing Address

**3284 N. STATE ROAD 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAUDERDALE LAKES, FL**

City & State

**LAUDERDALE LAKES, FL**

Zip

**33319**

Country

**USA**

Zip

**33319**

Country

**USA**

4. FEI Number

**65-0722758**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00**

Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH K. NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES FL 33319**

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TACKUS, WILLIAM L  
1951 N.E. 54TH STREET  
FORT LAUDERDALE FL 33308** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LENTGE, HORST F  
LOCKFIELD AVENUE  
ENFIELD, MIDDLESEX, G. BRITAIN** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

**5/1/03** **(954) 484-5533**

CR2E083 (10/02)