

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 22, 2004 08:00 AM

Secretary of State

DOCUMENT # L97000000306

1. Entity Name
20/20 FREEWAY, L.C.



Principal Place of Business
917 N. NORTHLAKE DR
HOLLYWOOD, FL 33020

Mailing Address
917 N. NORTHLAKE DR
HOLLYWOOD, FL 33020



03152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0779879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZBAR, DARREL ESQ.
1801 POLK ST., BOX #630
HOLLYWOOD, FL 33022

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000094532
03/22/04 08003 016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZBAR, DARREL
1801 POLK STREET, BOX 630
HOLLYWOOD, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPECHLER, BRENT
1801 POLK STREET, BOX 630
HOLLYWOOD, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone if

3/15/04

954 922 2402