

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90061 048 ***500.00

DOCUMENT # L97000000785

1. Entity Name

HELEN MANDELBAUM, LLC



Principal Place of Business

6797 WILLOW WOOD DR. #6063
BOCA RATON FL 33434

Mailing Address

6797 WILLOW WOOD DR. #6063
BOCA RATON FL 33434

2. Principal Place of Business

6797 WILLOW WOOD DR.

3. Mailing Address

Same

Suite, Apt. #, etc.

#6163

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-0757201

Applied For

Not Applicable

Zip

33434

Country

USA

Zip

Country

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

MILLER, HAROLD O.
333 SOUTH TAMiami TRAIL, SUITE 283
VENICE FL 34285

Name

HELEN MANDELBAUM, L.L.C.

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

6797 WILLOW WOOD DR. #6163

City

BOCA RATON, FL

FL

Zip Code

33434

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MANDELBAUM, HELEN, L.L.C.
7350 SOUTH TAMiami TRAIL, SUITE 210
SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIFE ENHANCEMENT TRUST
7350 SOUTH TAMiami TRAIL, SUITE 210
SARASOTA FL 34231 ☒ Delete

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

TITLE
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☐ 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: *H. Mandelbaum*

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

Date

Daytime Phone #

9/10/04 (521) 852-8180