

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JAN 23 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000025

1. Entity Name

HOPE ROAD MERCHANDISING, L.L.C.



Principal Place of Business

100 WEST CYPRESS CREEK ROAD, SUITE 700
FT LAUDERDALE, FL 33309

Mailing Address

100 WEST CYPRESS CREEK ROAD, SUITE 700
FT LAUDERDALE, FL 33309



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3640166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT LAUDERDALE, FL 33309

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: MARLEY, CEDELLA ANITA
STREET ADDRESS: 111 WEST 57TH STREET
CITY-ST-ZIP: NEW YORK, NY 10019

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

500028158395
02/03/04-01066-003 **50.00

**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)(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, OR AUTHORIZED REPRESENTATIVE

1/20/04
Date

212 245 4580
Daytime Phone #