Daytime Phone #

2001 UNIFORM BUS	ME22 KELO	KI.	(ARK)	_				ğ
DOCUMENT # L9900 1. Entity Name HILLSBORO, LLC	0004733	004733		FILED				6241 AT
					OIFEB 19 PM	2. 5.0		
Principal Place of Business Mailing Address 650 BOCA MARINA COURT 650 BOCA MARINA COURT BOCA RATON FL 33487 BOCA RATON FL 33487				SECRETARY OF STATE TALLAHASSEE. FLORIDA			10 1112 0 1111 1 02 1	
2. Principal Place of Business	3. Mailing Address				• 190 (191) - 040 (1916) - 151() - 00() (1916) - 101	ii 68tti entit nihti ibun		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN	THIS SPACE		
City & State	City & State			4. FEI Number 6 94 34 59 Applied For Not Applicable				
Zip Country	Zip	Country		5. Certif	ficate of Status Desired	\$5.00 Add	ditional	
6. Name and Address of Current	Registered Agent			_7. Name	and Address of New Regist	·	=	؛ بـــ
ROTHSTEIN, HAROLD			Name					:
650 BOCA MARINA COURT			Street Address (P.O. Box Number is Not Acceptable)					ļ
BOCA RATON FL 33487								
			City FL Zip Code			le		
8. The above named entity submits this statement to SIGNATURE	Molein					2/2/01		٠
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Hegistere	d Agent signature required	when reinstation		DATE		•
	FILE NO Make Check Pay		FEE IS \$50.00 o Department o	f State	0000037/ -02/21/0 *****50	101081	4 -008 ×50.00	:
9. MANAGING MEMBE		10.			ADDITIONS/CHA			5
TITLE MGR NAME ROTHSTEIN, HAROLD STREET ADDRESS CITY-S7-ZIP BOCA RATON FL 33487	☐ Delete					☐ Change	Addition	52.000
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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 faccurate 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 facciver 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 Description of the control of the contro								