

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 013 ****50.00

DOCUMENT # L99000005737

1. Entity Name
**HALLIDAY FAMILY'S STORE-IT-ALL OF PLANTATION,
L.L.C.**



Principal Place of Business
**6701 N.W. 18TH COURT
PLANTATION, FL 33313**

Mailing Address
**10097 CLEARY BLVD.
PLANTATION, FL 33324**

24011161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-0953170

Applied For
Not Applicable

Zip

Country

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

**GAYNES, DAVID M ESQ
7153 CATANIA DRIVE
BOYNTON BEACH, FL 33437**

Name **Robert Halliday**
Street Address (P.O. Box Number is Not Acceptable)
10097 Cleary Blvd
Ste 277
City **Plantation** FL Zip Code **33324**

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

Robert Halliday

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HALLIDAY FAMILY CORPORATION
10097 CLEARY BLVD #277
PLANTATION, FL 33324** ☐ Delete

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

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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 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:

Robert Halliday

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

2/9/04

Date

954-972-5800

Daytime Phone #