

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002412

1. Entity Name  
HOLLY HDS, LLC

Principal Place of Business

10275 COLLINS AVE  
SUITE 1531  
MIAMI FL 33154

Mailing Address

10275 COLLINS AVE  
SUITE 1531  
MIAMI FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2175657

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 FEB 19 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS  
103 N MERIDIAN ST  
LOWER LEVEL  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ 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:

GAIL W. NICHOLS

01/15/01 305-867-4595

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

Date

Daytime Phone #

CR2E083 (11/00)