

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90065 026 ****50.00

DOCUMENT # M01000002718

1. Entity Name
IRENE SOLONDZ FAMILY LLC



Principal Place of Business
7652 ELMRIDGE DR.
BOCA RATON, FL 33433

Mailing Address
7652 ELMRIDGE DR.
BOCA RATON, FL 33433

44000515



08112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1155867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLONDZ, IRENE
7652 ELMRIDGE DR.
BOCA RATON, FL 33433

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~Co-MGR~~
NAME ~~Solondz, Esther~~
STREET ADDRESS 7652 ELMRIDGE DR.
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE Co-MGR
NAME Solondz, Roy
STREET ADDRESS 7652 Elmridge Dr.
CITY-ST-ZIP Boca Raton, FL 33433

TITLE Co-MGR
NAME Solondz, Paul
STREET ADDRESS 7652 Elmridge Dr.
CITY-ST-ZIP Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

ATTACHMENT

24080515

#M01000002718

IRENE SOLONDZ FAMILY LLC

7652 Elmridge Drive, Suite 2

Boca Raton, Fl. 33433

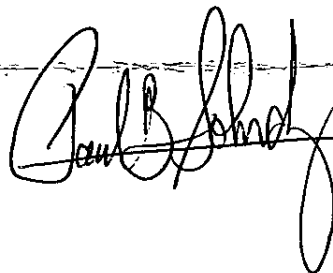
August 15, 2004

Florida Dep't of State
Division of Corporations

PO BOX 6327
Tallahassee, Florida 32314

Dear Sir :

Enclosed is the 2004 LLC annual
report. I enclose the filing fee as
well for \$50.00.

 co-manager
8/15/04