


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000452		
1. Entity Name HISTA, LLC		
Principal Place of Business 4598 NW 26TH AVE. BOCA RATON, FL 33434-2518		Mailing Address 4598 NW 26TH AVE. BOCA RATON, FL 33434-2518
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAPODILUPO, FRANCIS 4598 NW 26TH AVE. BOCA RATON, FL 33434-2518		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPODILUPO, FRANCIS A 4598 NW 26TH AVE. BOCA RATON, FL 334342518	
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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: <u>Francis Capodilupo</u>		Date: <u>2/10/05</u> Daytime Phone #: <u>561-862-0009</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		



02102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
56-2340355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required