


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000000452</b> 1. Entity Name HISTA, LLC	
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Principal Place of Business 4598 NW 26TH AVE. BOCA RATON, FL 33434-2518	Mailing Address 4598 NW 26TH AVE. BOCA RATON, FL 33434-2518
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**DO NOT WRITE IN THIS SPACE**



01212007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2340355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPODILUPO, FRANCIS A 4598 NW 26TH AVE. BOCA RATON, FL 334342518
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02/15/07-80064-001 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Francis A. Capodilupo **1/23/07** **561 862-0009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #