

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 22 AM 10:47

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE \$ 188.75** **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee**  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # Z00411**

JUDITH SELZ #2, L.C.  
717 LAYNE BLVD.  
HALLANDALE FL 33009

1a. Principal Place of Business Address

717 LAYNE BLVD.  
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

07/09/1991

3a. State of Formation

FL

4. FEI Number

65-0278396

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/29/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SELZ, JUDITH  
717 LAYNE BLVD.  
HALLANDALE FL 33009

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-registering)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM SELZ, JUDITH

717 LAYNE BLVD.

HALLANDALE FL

MEM SELZ, KAREN

486 SUNSET DRIVE

ASHEVILLE NC

MEM SELZ, STEVEN

6405 WINDING LAKE DR.

JUPITER FL

400002856754-9  
-04/29/99-01039-020  
\*\*\*188.75 \*\*\*188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR SECRETARY OF STATE (MEMBER FOR MANAGER)

DATE

Signature Print Name