

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # Z00415

1. Entity Name
JUDITH SELZ #6, L.C.



Principal Place of Business
**717 LAYNE BLVD.
HALLANDALE, FL 33009**

Mailing Address
**717 LAYNE BLVD.
HALLANDALE, FL 33009**



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0278400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SELZ, JUDITH
717 LAYNE BLVD.
HALLANDALE, FL 33009**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELZ, JUDITH 717 LAYNE BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SELZ, STEVEN 214 BRAZILIAN AVENUE, STE. 210 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SELZ, KAREN 486 SUNSET DRIVE ASHEVILLE, NC 28804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000251295
03/04/05-80046-013 50.00

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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: Judith Selz **JUDITH SELZ MGRM** 3/2/05 (954) 454-5568

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

Date

Daytime Phone #