

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90124 003 ***138.75

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

60021098



DO NOT WRITE IN THIS SPACE

03262008 No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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, KAREN
486 SUNSET DRIVE
ASHEVILLE, NC 28804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SELZ, ROBERT
717 LAYNE BLVD
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Robert E. Selz ROBERT E. SELZ MGRM 4/6/08 (954) 454-5568