2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # Z00415

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



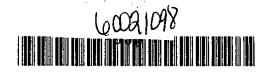
Principal Place of Business

717 LAYNE BLVD. HALLANDALE, FL 33009 Mailing Address

717 LAYNE BLVD. HALLANDALE, FL 33009

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

04-09-2008 90124 003 ***138.75



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

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered	d office or registered agent, or both	, in the State of Florid	da. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered	Agent signature required when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	SELZ, JUDITH					
STREET ADDRESS	717 LAYNE BLVD.					
CITY-ST-ZIP	HALLANDALE, FL 33009		•			
TITLE	M	-				
NAME	SELZ, KAREN					
STREET ADDRESS	486 SUNSET DRIVE					
CITY-ST-ZIP	ASHEVILLE, NC 28804					
TITLE	MGRM		•			
NAME	SELZ, ROBERT	f	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS	717 LAYNE BLVD		DO 1	NOT ME		
CITY-ST-ZIP	HALLANDALE, FL 33009		ו טע	NOT WE	ベリヒ	
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TITLE			6.6 Mar Nov. on		ین به سوخت	

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.

ATURE: SELZ MORM 4/6/08 (954)454-5568

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

Date

Date

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