


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90274 001 ***500.00

DOCUMENT # L03000008198

1. Entity Name
2635 HEREFORD ROAD, LLC




Principal Place of Business Mailing Address
~~4345 CANARD ROAD~~ ~~4345 CANARD ROAD~~
MELBOURNE, FL 32934 US **MELBOURNE, FL 32934** US

2. Principal Place of Business 3. Mailing Address
592 HAWKSBILL IS. DR. **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SATELLITE BEACH, FL

Zip Country Zip Country
32937 **BREVARD**



05112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0556453 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAVAYA, MARIA E
4345 CANARD ROAD
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name **MARIA ABRAVAYA**

Street Address (P.O. Box Number is Not Acceptable)
592 HAWKSBILL IS. DR.

City **SATELLITE BEACH** FL Zip Code **32937**

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 *Maria Abrava* DATE **5-1-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAVAYA, MAIRA 4345 CANNAD RD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA ABRAVAYA 592 HAWKSBILL IS. DR. SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Abrava* DATE: **5/1/06** Daytime Phone #: **321-266-8669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #