


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90074 049 ****50.00

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|--|---|---|---|--|---|
| DOCUMENT # L06000114011 1. Entity Name 1017-1019 SE 10TH ST., L.L.C. | | | |  | |
| Principal Place of Business 1007 SE 12TH CT. CAPE CORAL, FL 33990 | | | Mailing Address 1007 SE 12TH CT. CAPE CORAL, FL 33990 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 03012007 Chg-LLC CR2E083 (12/06) <div style="text-align: right; font-size: 1.2em;">20-8115985</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent PELLECHIO, SAMUEL A JR. 1007 SE 12TH CT. CAPE CORAL, FL 33990 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAMUEL A. PELLECHIO, JR. AS TSTEE OF SAMUE 1403 SE 5TH PLACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHRISTOPHER PELLECHIO, AS TSTEE OF S. CHRI 1323 SE 5TH PLACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <div style="text-align: right;"> <div style="font-size: 1.5em;">3/1/07</div> <div style="font-size: 1.2em;">(239) 458-9223</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Daytime Phone # </div> | |