

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000048229**

1. Entity Name  
1930 YBOR CITY, LLC



Principal Place of Business  
6960 NORTHWEST 3RD AVENUE  
BOCA RATON, FL 33487

Mailing Address  
6960 NORTHWEST 3RD AVENUE  
BOCA RATON, FL 33487



04052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-2002836

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON & AHSELMO  
2455 EAST SUNRISE  
SUITE 1000  
FORT LAUDERDALE, FL 33-3014

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME TSIALIAMANIS, PETER  
STREET ADDRESS 6960 NORTHWEST 3RD AVENUE  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE MGR  
NAME TSIALIAMANIS, KALLIOPE  
STREET ADDRESS 6960 NORTHWEST 3RD AVENUE  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE S  
NAME TSIALIAMANIS, PETER  
STREET ADDRESS 6960 NORTHWEST 3RD AVENUE  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE T  
NAME TSIALIAMANIS, KALLIOPE  
STREET ADDRESS 6960 NORTHWEST 3RD AVENUE  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000706416  
04/24/07-80033-011 50.00

**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: *Pete Tsonell*

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

4-10-07

Date

954-448-150

Daytime Phone #