

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000078289

1. Entity Name
709 CLYDE MORRIS BLVD., LLC



Principal Place of Business
709 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Mailing Address
709 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114



07182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3255119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNT0, L.A. JR ESQ
149 S. RIDGEWOOD AVENUE
SUITE 550
DAYTONA BEACH, FL 32114

**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 reinstalling)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOHEN, MICHAEL D
709 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOHEN, MARIAN R
709 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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07/26/07-80005-009 50.00

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

7/17/07 38872 9942
Date Daytime Phone #