


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 045 \*\*\*138.75

<b>DOCUMENT # L05000074254</b>	
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1. Entity Name  
151 175TH AVENUE, LLC

Principal Place of Business  
5584 RIO VISTA DR  
CLEARWATER, FL 33760

Mailing Address  
5584 RIO VISTA DR  
CLEARWATER, FL 33760

**50002930**



2. Principal Place of Business - No P.O. Box #

19535 GULF Blvd  
Suite E  
Indian Shores, FL  
33785 USA

3. Mailing Address

19535 GULF Blvd  
Suite E  
Indian Shores, FL  
33785 USA

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4076175

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

D & B CORPORATE SERVICES, INC.  
5999 CENTRAL AVE., SUITE 202  
ST. PETERSBURG, FL 33710

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GANNAWAY, GUL L	
STREET ADDRESS	2340 STATE ROAD 580, SUITE W	
CITY-ST-ZIP	CLEARWATER, FL 33763	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STALKER, MARK J	
STREET ADDRESS	2340 STATE ROAD 580, SUITE W	
CITY-ST-ZIP	CLEARWATER, FL 33763	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

Date

Daytime Phone #

*Gul L Gannaway*  
Gul L Gannaway

4/7/08

(727) 726-2547