

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Check # 1023  
FILED  
May 05, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000019605

1. Entity Name  
OVIEDO ACQUISITION & DEVELOPMENT, LLC



Principal Place of Business  
3668 HOLLYWOOD PLACE  
OVIEDO, FL 32766 US

Mailing Address  
3668 HOLLYWOOD PLACE  
OVIEDO, FL 32766 US



05012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4354313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

COLLINS, CONSTANCE M  
3668 HOLLYWOOD PLACE  
OVIEDO, FL 32766

**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

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

000000946801  
05/30/08-80064-004 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COLLINS, CONSTANCE M  
3668 HOLLYWOOD PLACE  
OVIEDO, FL 32766

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FERNANDEZ, FERNANDO  
380 MOUNTAIN ROAD  
UNION CITY, NJ 07087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TORO, GENARO  
40 BAUER TERRACE  
ELIZABETH, NJ 07208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

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

Date

Daytime Phone #

5-01-08 407-739-4466