

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90037 011 ****50.00

DOCUMENT # L00000001797

1. Entity Name
FURUD, LLC



Principal Place of Business
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569 US**

Mailing Address
**P.O. BOX 5299
TAMPA, FL 33675-5299 US**

00044507



2. Principal Place of Business - No P.O. Box #
5115 JOANNE KEARNEY BLVD.
Suite, Apt. #, etc.

3. Mailing Address
5115 JOANNE KEARNEY BLVD.
Suite, Apt. #, etc.

03162007 Chg-LLC CR2E083 (12/06)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3627913

Applied For
Not Applicable

Zip
33619 Country
USA

Zip
33619 Country
USA

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

6. Name and Address of Current Registered Agent

**HARRIS JR, TRACY J
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name
JAMES M. REED

Street Address (P.O. Box Number is Not Acceptable)
5115 JOANNE KEARNEY BLVD.

City
TAMPA **FL** Zip Code
33619

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]

4/6/07

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRIS, TRACY J JR
701 INDIANA AVENUE
PALM HARBOR, FL 34683** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEARNEY, BING
911 SEDDON COVE WAY
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5115 JOANNE KEARNEY BLVD.
TAMPA FL 33619** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5115 JOANNE KEARNEY BLVD.
TAMPA FL 33619** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]*

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

4/6/07 *813 455-7105*

Date

Daytime Phone #