

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003157**

1. Entity Name  
**ADVENIR @ HOMESTEAD, LLC**



Principal Place of Business

**ADVENIR, LLC  
10 WATERCHASE DR., GROUND FLOOR  
ROCKY HILL, CT 06067**

Mailing Address

**ADVENIR, LLC  
10 WATERCHASE DR., GROUND FLOOR  
ROCKY HILL, CT 06067**



01042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1572442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROLLNICK, NEIL  
2601 S. BAYSHORE DR  
MIAMI, FL 33133**

**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, 2005**

U000000332371

04/26/05-80055-014 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ADVENIR LLC
STREET ADDRESS	10 WATERCHASE DRIVE
CITY-ST-ZIP	ROCKY HILL, CT 06067
TITLE	MGRM
NAME	VECCHITTO, STEPHEN
STREET ADDRESS	10 WATERCHASE DR., GROUND FLORR
CITY-ST-ZIP	ROCKY HILL, CT 06067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #