

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90036 024 ****50.00

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1. Entity Name

VISITORS FLEA MARKET, LLC.



Principal Place of Business

5811 W. IRLO BRONSON
KISSIMMEE, FL 34746

Mailing Address

5811 W. IRLO BRONSON
KISSIMMEE, FL 34746



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3640350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESAI, AL
7087 GRAND NATIONAL DR. STE #102
ORLANDO, FL 32819

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOSEPHS, DELROY
STREET ADDRESS	5811 W. IRLO BRONSON HWY.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 #

1/5/07

407-396-4555