

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED 7/16/20
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009980

1. Entity Name
KANAN ALBANY, LLC



Principal Place of Business
**2600 TECHNOLOGY DR., SUITE 200
ORLANDO, FL 32804**

Mailing Address
**2600 TECHNOLOGY DR., SUITE 200
ORLANDO, FL 32804**



03252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIGHTSEY, ALTON L
808 S. DENNING DR.
WINTER PARK, FL 32789**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
KANAN, BRADFORD S
2600 TECHNOLOGY DR., SUITE 200
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
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04/20/04-80058-011 50.00

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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

Bradford S. Kanan **March 29, 04** **407-425-84154**

Date

Daytime Phone #