

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90014 004 ****50.00

DOCUMENT # L00000011209

1. Entity Name
LANDMARK OFFICE L.L.C



Principal Place of Business

14310 N. DALE MABRY HWY
TAMPA, FL 33624

Mailing Address

7941 LAKE ST. JAMES LN.
ODESSA, FL 33556-1918



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3677313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPERATO, MICHAEL C
7941 LAKE ST. JAMES LANE
ODESSA, FL 33556-1918

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
F & M INVESTMENTS, INC.
1941 LAKE ST JAMES LA
ODESSA, FL 335561918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ERICKSON LIVING TRUST
14310 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PEIFER, CHRIS A
13608 VILLA REAL DEAVILLA
TAMPA, FL 33613

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

4/27/06

Date

813-920-3046

Daytime Phone #