

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90372 044 ****50.00

DOCUMENT # L00000014360



1. Entity Name
PLUMOSA OFFICE PARK, LLC

Principal Place of Business
**101 NORTH PUMOSA STREET
MERRITT ISLAND, FL 32953**

Mailing Address
**318 TANGERINE AVENUE
MERRITT ISLAND, FL 32953**

60038857



2. Principal Place of Business - No P.O. Box
516 Delannoy Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3767
Suite, Apt. #, etc.

02022007 Chg-LLC CR2E083 (12/06)

City & State
Cocoa FL

City & State
Cocoa FL

4. FEI Number
59-3686669

Applied For
Not Applicable

Zip
32922

Country

Zip
32924-3767

Country

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

6. Name and Address of Current Registered Agent

**KIRSCHENBAUM, MALCOLM R
516 DELANNOY AVE
COCOA, FL 32922**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SWANN, JIM
516 DELANNOY AVE
COCOA, FL 32922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PERRONE, RALPH S SR.
318 TANGERINE AVENUE
MERRITT ISLAND, FL 32953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jim Swann

4/16/07

Date

321-632-4713

Daytime Phone #