

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90152 011 \*\*\*\*50.00

DOCUMENT # L00000015608

1. Entity Name

401-415 SOUTH DALE L.L.C.



Principal Place of Business

Mailing Address

~~5110 EISENHOWER BLVD~~  
~~SUITE 120~~  
~~TAMPA FL 33634~~

P.O. BOX 26563  
TAMPA FL 33623-6563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5130 EISENHOWER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33634

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3690253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SADORF, RICK W ESQ  
2201 NORTHEAST COACHMAN ROAD  
SUITE 102  
CLEARWATER FL 33765

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGR  
GARCIA, ROBERTO  
STREET ADDRESS  
CITY ST ZIP  
~~5110 EISENHOWER BLVD., STE 120~~  
~~TAMPA FL 33634~~

TITLE  
NAME  
MGR  
GARCIA, ROBERTO  
STREET ADDRESS  
CITY ST ZIP  
5130 EISENHOWER BLVD., SUITE 100  
TAMPA, FL 33634

TITLE  
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STREET ADDRESS  
CITY ST ZIP

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CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

Robert Garcia

1/22/07 813-281-2949