

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000429

1. Entity Name
TORGESSEN, L.L.C.



Principal Place of Business
**3027 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806**

Mailing Address
**3240 CARLA ST
ORLANDO, FL 32806**



03062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3694163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, DEAN L
3240 CARLA ST.
ORLANDO, FL 32806**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSTON, ALAN
3027 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSTON, DEAN L
3240 CARLA ST
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETERSON, MARY L
3120 S DELANEY ST.
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000256388
03/09/05-80012-025 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

Date

Daytime Phone #

3/5/05 407-333-2525