

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90230 035 ****50.00

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1. Entity Name
CORAZON DEVELOPMENT, LLC

Principal Place of Business
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US

Mailing Address
P.O. BOX 495120
PORT CHARLOTTE, FL 33949-5120 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
65-1080437

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CONNELLY, TERENCE P MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

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, 2006

Make check payable to
Florida Department of State

ADDITIONS/CHANGES

☐ Change ☐ Addition

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CONNELLY, TERENCE
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LOPEZ, MARIO
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33950 ☐ Delete

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10.

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☐ 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

Date

Daytime Phone #

2-306