

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90281 024 ****50.00

20005577



02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1085731** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

TRACY, CATHERINE L
2058 CONSTITUTION BLVD
SARASOTA, FL 34231

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 _____ (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 _____ ☐ Delete
NAME **MGRM**
STREET ADDRESS **DE SIRO, BONNIE LOU**
CITY - ST - ZIP **7125 FRUITVILLE RD., #189
SARASOTA, FL 34240**

10. ADDITIONS/CHANGES

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

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

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

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

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: *Bonnie DeSiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-4-07 9413424565

Date

Daytime Phone #