


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90305 025 *****55.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L01000007425 | | | |  | |
| 1. Entity Name BARBER ROAD LLC | | | | | |
| Principal Place of Business 1843 BARBER ROAD SARASOTA, FL 34240 | | | Mailing Address 1843 BARBER ROAD SARASOTA, FL 34240 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 90-0030914 | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KOZAK, ANTON M 1843 BARBER RD. SARASOTA, FL 34240 | | | 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 | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KOZAK, ANTON M 1843 BARBER RD SARASOTA, FL 34240 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Sandmeyer, Ralph W. 49 Inlets Blvd. Nokomis FL 34275 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Sandmeyer, Sandra L. 49 Inlets Blvd. Nokomis FL 34275 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | 2/10/07 941-371-4808 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |

ATTACHMENT
60014702Division of Corporations
Annual Report*See report*

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number L01000007425
Business Entity Name BARBER-ROAD LLC
FEI Number 900030914
FEI Number Status
Certificate of Status Desired No

Principal Place of Business

Address 1843 BARBER ROAD
Suite, Apt. #, etc.
City, State SARASOTA, FL
Zip Code & Country 34240

Mailing Address

Address 1843 BARBER ROAD
Suite, Apt. #, etc.
City, State SARASOTA, FL
Zip Code & Country 34240

Name and Address of Registered Agent

Name (Last, First, Middle, Title) KOZAK, ANTON, M
Address 1843 BARBER RD.
Suite, Apt. #, etc.
City, State SARASOTA, FL
Zip Code & Country 34240 US
Registered Agent Signature

Managing Member/Manager Name and Address

Title MGR
Name (Last, First, Middle, Title) KOZAK, ANTON, M
Street Address 1843 BARBER RD
City, State SARASOTA, FL
Zip Code & Country 34240

60014702

#601000007425

Title MGRM
Name (Last, First, Middle, Title) SANDMEYER, RALPH , W
Street Address 49 INLETS BLVD
City, State NOKOMIS, FL
Zip Code & Country 34275

Title MGRM
Name (Last, First, Middle, Title) SANDMEYER, SANDRA , L
Street Address 49 INLETS BLVD
City, State NOKOMIS, FL
Zip Code & Country 34275

Title MGR
Managing Member/Manager Signature ANTON M. KOZAK

Continue

Start Over

[Sunbiz Home Page](#)

[Annual Report Help](#)