

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000011687

1. Entity Name

EDWARD LOUIS FLOM FAMILY L.L.C.



Principal Place of Business

4936 ST. CROIX DR.
TAMPA FL 33629

Mailing Address

4936 ST. CROIX DR.
TAMPA FL 33629

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

59-3733733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

GARDNER, MERRITT A
401 EAST JACKSON ST., STE. 2650
TAMPA FL 33602

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

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLOM, EDWARD L	
STREET ADDRESS	4936 ST CROIX DR	
CITY- ST- ZIP	TAMPA FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLOM, BEVERLY B	
STREET ADDRESS	4936 ST CROIX DR	
CITY- ST- ZIP	TAMPA FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLOM, EDWARD LOUIS	
STREET ADDRESS	2401 BAYSHORE BLVD #504	
CITY- ST- ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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06/06/07-80002-005 50.00

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

Edward L. Flom EDWARD L. FLOM

5/1/07

813-286-2861

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

Date

Daytime Phone #