

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000018493

1. Entity Name
CARROLLWOOD PROFESSIONAL BUILDING, LLC



Principal Place of Business

**4809 EHRLICH RD.
STE. 203
TAMPA, FL 33624**

Mailing Address

**4809 EHRLICH RD.
STE. 203
TAMPA, FL 33624**



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3755183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEGENDRE, PERCY J III
4809 EHRLICH RD. STE 203
TAMPA, FL 33624**

**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, 2007**

000000585272
01/16/07-80004-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
LEGENDROD, PERCY J II
4809 EHRLICH RD. STE 203
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
BASHER, THOMASENA L
4809 EHRLICH RD. STE 203
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SMILEY, DOUGLAS A
4809 EHRLICH RD. STE 203
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-9-07