

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000020178



1. Entity Name

601 EAST MAIN, LLC

Principal Place of Business

19370 SW 280TH ST.
HOMESTEAD FL 33031

Mailing Address

19370 SW 280TH ST.
HOMESTEAD FL 33031

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
65-1154166

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

NOVATT, JEFF M
821 FIFTH AVENUE SOUTH, STE. 201
NAPLES FL 34102

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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: MGR
NAME: GRAVES, KENNETH
STREET ADDRESS: 19370 SW 280TH ST.
CITY- ST- ZIP: HOMESTEAD FL 33031 ☐ Delete

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

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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 000000595550
STREET ADDRESS: 01/23/07-80043-020 50.00
CITY- ST- ZIP:

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

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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 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:

Kenneth Graves

1-19-07

305 245 0519

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

Date

Daytime Phone #