

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90021 044 ***138.75

DOCUMENT # L01000021581

1. Entity Name
ALTAMONTE SPRINGS ACQUISITION, LLC



Principal Place of Business
C/O BANTA PROPERTIES, INC.
4050 NE 1ST AVENUE, SUITE 118
OAKLAND PARK, FL 33334

Mailing Address
C/O BANTA PROPERTIES, INC.
P.O. BOX 24943
FORT LAUDERDALE, FL 33307

60040057



04042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 38-3641413 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ANGELO AND BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | BANTA, GAVIN S |
| STREET ADDRESS | P.O. BOX 24943 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33307 |

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | BANTA, TAMARA L |
| STREET ADDRESS | P.O. BOX 24943 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33307 |

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | BANTA, BRADFORD C |
| STREET ADDRESS | P.O. BOX 24943 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33307 |

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | BANTA, CATHERINE M |
| STREET ADDRESS | P.O. BOX 24943 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33307 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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 # _____