

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

1. Entity Name  
**HEATHROW UTILITIES OF LAKE COUNTY, L.L.C.**



1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

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HEATHROW, FL 32746

**DO NOT WRITE IN THIS SPACE**



CR2E083 (11/05)

Applied For
Not Applicable

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROECKER, PAUL ESQ  
1275 LAKE HEATHROW LN  
LAKE MARY, FL 32746

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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**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DOBOSH, JOE A
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY-ST-ZIP	HEATHROW, FL 32746

TITLE	MGR
NAME	APOSTOLICAS, GEORGE
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY-ST-ZIP	HEATHROW, FL 32746

TITLE	MGRM
NAME	46/46A, LLC
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY - ST - ZIP	HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000751892  
05/18/07-80120-016 50.00

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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 # \_\_\_\_\_