

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 004 ****50.00

DOCUMENT # L02000008129

1. Entity Name
SPYGLASS REALTY, LLC.



Principal Place of Business

**7000 SPYGLASS CT #101
MELBOURNE, FL 32940**

Mailing Address

**7000 SPYGLASS CT #101
MELBOURNE, FL 32940**

14024997



2. Principal Place of Business

**8075 SPYGLASS HILL RD.
Suite, Apt. #, etc. # 101**

3. Mailing Address

**8075 SPYGLASS HILL RD.
Suite, Apt. #, etc. # 101**

06302004 Chg-LLC CR2E083 (10/03)

City & State

MELBOURNE, FL.

City & State

MELBOURNE, FL.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

32940

Country

BREVARD

Zip

32940

Country

BREVARD

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

6. Name and Address of Current Registered Agent

**FLORESCU, LUCIAN L
7000 SPYGLASS CT #101
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name **FLORESCU, LUCIAN L.**

Street Address (P.O. Box Number is Not Acceptable)

8075 SPYGLASS HILL RD # 101

City **MELBOURNE**

FL

Zip Code **32940**

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 **LUCIAN L. FLORESCU**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/04

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FLORESCU, LUCIAN L**
STREET ADDRESS **7000 SPYGLASS CT #101**
CITY-ST-ZIP **MELBOURNE, FL 32940**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **8075 SPYGLASS HILL RD # 101**
STREET ADDRESS **MELBOURNE, FL 32940**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **LUCIAN L. FLORESCU**

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

7/2/04

Date

321-752-4100

Daytime Phone #