

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000018131	
1. Entity Name NOHO GROUP, LLC	

Principal Place of Business 1906 NORTH ARMENIA AVENUE TAMPA, FL 33607	Mailing Address 1906 NORTH ARMENIA AVENUE TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01232007No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2282306	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHRISTALDI, RONALD A
% DE LA PARTE & GILBERT, P.A.
101 EAST KENNEDY BOULEVARD, SUITE 3400
TAMPA, FL 33602

**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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**Filing Fee is \$50.00
Due by May 1, 2007**

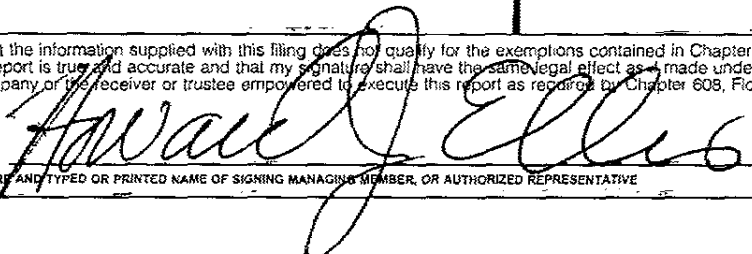
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, EDWARD G 1906 N. ARMENIA AV TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, JOSEPH H 2119 W. COLUMBUS DR. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALDEVILLA, RICHARD S 1721 N. HOWARD AV TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, HOWARD J 1906 N. ARMENIA AV TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, MARK 1721 N. HOWARD AV TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000603592
01/29/07-80019-019 50.00

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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 #