

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90010 022 ****55.00

DOCUMENT # L02000021491

1. Entity Name
NORTH CENTRAL DEVELOPMENT, L.L.C.



Principal Place of Business
**5745 S.W. 75TH ST., #332
GAINESVILLE, FL 32608-5504**

Mailing Address
**5745 S.W. 75TH ST., #332
GAINESVILLE, FL 32608-5504**

2. Principal Place of Business
**3499 NW 45 Avenue
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. Box 142290
Suite, Apt. #, etc.**

City & State
Bell, FL

City & State
Gainesville, FL

Zip
32619

Country

Zip
32614-2290

Country



03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
75-3081759

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LASH, ROBERT A ESQ.
500 E. UNIVERSITY AVE., STE. A
GAINESVILLE, FL 32601**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WYSZKOWSKI, LEON
5745 SW 75TH STREET #332
GAINESVILLE, FL 326085504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALEJANDRO, WYSZKOWSKI
5745 SW 75TH ST #332
GAINESVILLE, FL 32608** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Leon Wyszowski

Leon Wyszowski, Pres. March 28, 2006 (352) 332-9944

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

Date

Daytime Phone #