

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000021491**

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



Principal Place of Business  
**3499 NW 45TH AVE  
BELL, FL 32619**

Mailing Address  
**PO BOX 142290  
GAINESVILLE, FL 32614-2290**



04192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 reappointing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WYSZKOWSKI, LEON 5745 SW 75TH STREET #332 GAINESVILLE, FL 326085504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALEJANDRO, WYSZKOWSKI 5745 SW 75TH ST #332 GAINESVILLE, FL 32608</b>
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05/02/07-80086-013 55.00

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, Mgrm.**

**April 20, 2007**

**(352) 332-9944**

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

Date

Daytime Phone #