

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90158 018 ***143.75

DOCUMENT # L02000021491 1. Entity Name NORTH CENTRAL DEVELOPMENT, L.L.C.	
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Principal Place of Business
3499 NW 45TH AVE
BELL, FL 32619

Mailing Address
PO BOX 142290
GAINESVILLE, FL 32614-2290

DO NOT WRITE IN THIS SPACE



04162008 No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
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:

Leon Wyszowski

Leon Wyszowski, Mgrm.

April 17, 2008

(352) 332-9944

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

Date

Daytime Phone #