

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024223

1. Entity Name
EAST VIERA, LLC



Principal Place of Business

**931 STRATFORD PLACE
MELBOURNE, FL 32940**

Mailing Address

**931 STRATFORD PLACE
MELBOURNE, FL 32940**



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-7649648

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDSON, BARRY F
931 STRATFORD PLACE
MELBOURNE, FL 32940**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICHARDSON, BARRY
STREET ADDRESS	931 STRATFORD PL
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	KENDUST, RICK
STREET ADDRESS	7630 N WICKHAM RD
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/25/05-80100-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1-21-05

321-254-9145