

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90076 032 ****55.00

DOCUMENT # L02000025775

1. Entity Name
MINNEOLA HEIGHTS, LLC



Principal Place of Business
**636 NORTH RIO GRANDE AVENUE
ORLANDO, FL 32805 US**

Mailing Address
**636 NORTH RIO GRANDE AVENUE
ORLANDO, FL 32805**

24061019



2. Principal Place of Business
1100 Town Plaza Ct.

3. Mailing Address
Same as #2

Suite, Apt. #, etc.
2010

Suite, Apt. #, etc.

01092004 Chg-LLC CR2E083 (10/03)

City & State
Winter Springs, FL

City & State

4. FEI Number
04-3714787

Applied For
Not Applicable

Zip
32708

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

**HAGEN, DEBORAH D
636 NORTH RIO GRANDE AVENUE
ORLANDO, FL 32805**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HAGEN, DEBORAH D
1335 MYRTLE DRIVE
LONGWOOD, FL 32750** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WILLIAMS, LARRY
800 WESTWOOD SQUARE - SUITE E
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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10. ADDITIONS / CHANGES

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

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #