

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90174 005 ****50.00

DOCUMENT # L02000030116

1. Entity Name

CAJUN PROPERTIES, L.L.C.



Principal Place of Business

750 N. INDIANA AVE.
ENGLEWOOD FL 34223

Mailing Address

750 N. INDIANA AVE.
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

2736 Gulfgate Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

Country

34231

USA

4. FEI Number

71-0912713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENIHTAS, JOHN
4204 HEARTHSTONE DRIVE
SARASOTA FL 34238

Name Tommy Vayias

Street Address (P.O. Box Number is Not Acceptable)

2736 Gulfgate Drive

City Sarasota

FL

Zip Code 34231

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

Tommy Vayias

(NOTE: Registered Agent signature required when reinstating)

2/8/05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MENIHTAS, JOHN
STREET ADDRESS 4204 HEARTHSTONE DRIVE
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

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

TITLE MGR
NAME VAYIAS, GEORGIA
STREET ADDRESS 131 EAST HARWOOD TERRACE
CITY-ST-ZIP PALISADES PARK NJ 07650 ☒ Delete

TITLE Mgr.
NAME Vayias, Tommy
STREET ADDRESS 2736 Gulfgate Drive
CITY-ST-ZIP Sarasota, FL 34231 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Tommy Vayias, Manager

Date

(941) 270-0328

Daytime Phone #