

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED 1028

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034723

1. Entity Name
210 N. WYMORE ROAD, LLC



Principal Place of Business
**204 N WYMORE RD
WINTER PARK, FL 32789**

Mailing Address
**204 N WYMORE RD
WINTER PARK, FL 32789**



04242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0617895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHICK, BENJAMIN M
204 N WYMORE RD
WINTER PARK, FL 32789**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHICK, BENJAMIN M
204 N WYMORE RD
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/27/05-80157-020 150.00

**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: *Benjamin H. Schick*

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

4/22/04

Date

407 647-4490

Daytime Phone #

BENJAMIN H. SCHICK