

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 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**

DO NOT WRITE IN THIS SPACE



04072006No Chg-LLC

CR2E083 (11/05)

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, 2008**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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CITY-ST-ZIP

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U00000524032
05/03/06-80096-019 150.00

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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.

BENJAMIN M. SCHICK

SIGNATURE: Benjamin M. Schick

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

4/18/06

407 644-4490

Date

Daytime Phone #