

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000006704

**1. Entity Name
CLV BUILDING LIMITED COMPANY**



**Principal Place of Business
9804 N. 56TH STREET
TEMPLE TERRACE, FL 33617**

**Mailing Address
9804 N. 56TH STREET
TEMPLE TERRACE, FL 33617**



02022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2180853**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**VERKAUF, BYRON E DDS, PA
9800 N. 56TH STREET
TEMPLE TERRACE, FL 33617**

**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 D
NAME VERKAUF, BYRON
STREET ADDRESS 9800 B 56TH STREET
CITY-ST-ZIP TEMPLE TERRACE, FL 33617**

**TITLE D
NAME CICHON, MICHAEL
STREET ADDRESS 9804 N 56TH ST
CITY-ST-ZIP TEMPLE TERRACE, FL 33617**

**TITLE D
NAME LEEVER, DAVID
STREET ADDRESS 9808 N 56TH ST
CITY-ST-ZIP TEMPLE TERRACE, FL 33617**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000227569
02/14/05-80004-016 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)(f), 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

BYRON VERKAUF

Date

Daytime Phone #

(813) 985-5513
2/7/05