

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 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



02152006No Chg-LLC

CR2E083 (11/05)

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, 2006**

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
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

RECORDED
04/22/06-80002-011 150.00

**DO NOT WRITE
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.

SIGNATURE: _____

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

MICHAEL CICHON

4/3/06

(813)985-5513

Date

Daytime Phone #