

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90274 001 ***500.00

DOCUMENT # L03000008197

1. Entity Name
2110 NOTTINGHAM ROAD, LLC



Principal Place of Business
4345 CANARD ROAD
MELBOURNE, FL 32934 US

Mailing Address
4345 CANARD ROAD
MELBOURNE, FL 32934 US

30008593



2. Principal Place of Business

592 HAWKS BILL IS DR
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

05112006 Chg-LLC CR2E083 (11/05)

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH, FL

4. FEI Number

20-0101446

Applied For

Not Applicable

Zip

32937

Country

(BREVARD)

Zip

32937

Country

(BREVARD)

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAVAYA, MARIA E
4345 CANARD ROAD
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name MARIA ABRAVAYA

Street Address (P.O. Box Number is Not Acceptable)
592 HAWKS BILL IS. DR.

City SATELLITE BEACH FL Zip Code 32934

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

Maria Abravaya

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ABRAVAYA, MARIA
STREET ADDRESS 4345 CANARD DR
CITY-ST-ZIP MELBOURNE, FL 32934 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME 592 HAWKS BILL IS. DR.
STREET ADDRESS SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition

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

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

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

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

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 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:

Maria Abravaya

5-1-06

321-266-8669

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

Date

Daytime Phone #