


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90120 010 ****50.00

DOCUMENT # L03000018713	
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1. Entity Name
MODEL CITIZENS, LLC

Principal Place of Business
2372 N FORSYTH RD
ORLANDO, FL 32807

Mailing Address
20 N. ORANGE AVE.
SUITE 600
ORLANDO, FL 32801



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

251 Altamonte Comm Blvd.

Suite, Apt. #, etc.

Suite 1406

City & State

Altamonte Springs, FL

Zip

32714

Country

Zip

Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
55-0835669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRY, STONER, CALANDRINO & BROWN, PA
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MIKRUT, TERRANCE
STREET ADDRESS 2372 N FORSYTH RD
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☒ Change ☐ Addition
NAME 251 ALTAMONTE COMM. BLVD SUITE 1406
STREET ADDRESS ALTAMONTE SPRINGS, FL 32714
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LARGADO, GENE
STREET ADDRESS 2372 N FORSYTH RD
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☒ Change ☐ Addition
NAME 251 ALTAMONTE COMM. BLVD SUITE 1406
STREET ADDRESS ALTAMONTE SPRINGS, FL 32714
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

TERRANCE E MIKRUT

FEB 27 07

Date

407-677-8300

Daytime Phone #