

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000020672

1. Entity Name  
ADVENT DEVELOPMENT, LLC



Principal Place of Business

1950 ALTA VISTA ST  
SARASOTA, FL 34236 US

Mailing Address

1950 ALTA VISTA ST  
SARASOTA, FL 34236 US



03112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1204925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOANNETTE, MONIQUE  
1950 ALTA VISTA ST  
SARASOTA, FL 34236

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000666642  
03/23/07-80074-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MONIQUE, JOANNETTE  
STREET ADDRESS 1950 ALTA VISTA SDT  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR  
NAME HUFINE, ANDREE  
STREET ADDRESS 7235 39TH LANE EAST  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE MGR  
NAME NEWBERRY, ALEXANDER  
STREET ADDRESS 1950 ALTA VISTA ST  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

3/11/07

Date

Daytime Phone #