

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024777		
1. Entity Name WINTER GARDEN GROUP, LLC		

Principal Place of Business 545 DELANEY AVE., BLDG. 3 ATTN: TIMOTHY M. LEFFLER ORLANDO FL 32801	Mailing Address 545 DELANEY AVE., BLDG. 3 ATTN: TIMOTHY M. LEFFLER ORLANDO FL 32801
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number **20-0105273** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**LEFFLER, TIMOTHY M
545 DELANEY AVE., BLDG. 3
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Add
NAME	LEFFLER, TIMOTHY M			NAME			
STREET ADDRESS	1301 KELSO BLVD			STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change	☐ Add
NAME	HEARNY, JOAN M			NAME			
STREET ADDRESS	11214 LK BUTLER BLVD			STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change	☐ Add
NAME	HOVEY INVESTMENTS, INC			NAME			
STREET ADDRESS	545 DELANEY AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____