

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 021 ****50.00

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

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

545 DELANEY Ave Bldg #9

City ORLANDO

FL 32801

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 authorized representative.

(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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME LEFFLER, TIMOTHY M
STREET ADDRESS 1301 KELSO BLVD
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE VP ☒ Delete
NAME HEARNY, JOAN M
STREET ADDRESS 11214 LK BUTLER BLVD
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS MR. SEAN HEANEY
CITY-ST-ZIP 11214 LK BUTLER BLVD
WINDERMERE FL 34786

TITLE S ☐ Delete
NAME HOVEY INVESTMENTS, INC
STREET ADDRESS 545 DELANEY AVE
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #