

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90018 033 \*\*\*\*50.00

DOCUMENT # L03000027812



1. Entity Name

BELOIN SAYRE, LLC

Principal Place of Business

1545 NE OCEAN BLVD  
#401S  
STUART FL 34996

Mailing Address

1545 NE OCEAN BLVD  
#401S  
STUART FL 34996



2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

2236 Jessica Lane

Suite, Apt. #, etc.

2236 Jessica Lane

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number

20-0124939

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAYRE, MICHAEL C  
1545 NE OCEAN BLVD  
#401S  
STUART FL 34996

7. Name and Address of New Registered Agent

Name Michael C Sayre

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

2236 Jessica Lane

City

Kissimmee

FL

Zip Code

34744

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]*

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

Michael C Sayre

(NOTE: Registered Agent signature required when reinstating)

4-11-05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SAYRE, MICHAEL C  
STREET ADDRESS 1545 NE OCEAN BLVD #401S  
CITY-ST-ZIP STUART FL 34996

TITLE MGRM ☐ Delete  
NAME BELON, DINA M  
STREET ADDRESS 1545 NE OCEAN BLVD #401S  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME 2236 Jessica Lane  
STREET ADDRESS Kissimmee, FL 34744  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2236 Jessica Lane  
STREET ADDRESS Kissimmee, FL 34744  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 exemption stated in Section 119.07(3)(i), 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]*

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

Michael C Sayre

4-11-05 407-616-9001

Date

Daytime Phone #