

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028511

1. Entity Name

ALAFIA RIDGE ESTATES, LLC



Principal Place of Business

8913 E. DR. M.L.K., JR. BLVD.
TAMPA, FL 33610

Mailing Address

8913 E. DR. M.L.K., JR. BLVD.
TAMPA, FL 33610



03012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0287637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, CARL A
8913 E. DR. M.L.K., JR. BLVD.
TAMPA, FL 33610

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	YARBOROUGH, THOMAS L
STREET ADDRESS	2410 HYW. 92 EAST
CITY - ST - ZIP	PLANT CITY, FL 33564
TITLE	MGR
NAME	YARBOROUGH, MATTHEW T
STREET ADDRESS	2410 HYW. 92 EAST
CITY - ST - ZIP	PLANT CITY, FL 33564
TITLE	MGR
NAME	LARSON, CARL A
STREET ADDRESS	8913 E. DR. M.L.K., JR. BLVD.
CITY - ST - ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000248821
03/02/05-80045-012 50.00

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IN THIS SPACE**

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

MATTHEW T. YARBOROUGH 3/1/05 813.478.3802

Date

Daytime Phone #