

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000035384

1. Entity Name

SUMMERLIN AVENUE, LLC



Principal Place of Business

135 NORTH SUMMERLIN AVE.
SANFORD FL 32771-1553

Mailing Address

135 NORTH SUMMERLIN AVE.
SANFORD FL 32771-1553



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0231927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, TIMOTHY J
315 E. ROBINSON ST., STE. 600
ORLANDO FL 32801

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

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

(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 MGR ☐ Delete
NAME EQUITY TRUST CUST GEORGE AKOK II
STREET ADDRESS 225 BURNS ROAD
CITY- ST- ZIP ELYRIA OH 44035

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000594710
01/23/07-80009-024 50.00

TITLE MGR ☐ Delete
NAME CLARK, NIKKI PIHAKIS
STREET ADDRESS 190 RIDGE ROAD
CITY- ST- ZIP LAKE MARY FL 32746

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY- ST- ZIP

☐ 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] MANAGER

1-20-07

407-3237790

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

Date

Daytime Phone #