

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90095 019 ****50.00

DOCUMENT # L03000041832

1. Entity Name
SURREY SPORT, LLC



Principal Place of Business
**STE. 127, 2431 ALOMA AVE.
WINTER PARK, FL 32792**

Mailing Address
**P.O. BOX 5923
WINTER PARK, FL 32793**

20045132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0355529

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HELMAE, DAE
2431 ALOMA AVE #123
WINTER PARK, FL 32792**

Name **Daniel W Helman**

Street Address (P.O. Box Number is Not Acceptable)
2431 Aloma Ave Ste. 127

City **Winter Park** **FL** Zip Code **32792**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-20-05**

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **TAYLOR, WAYNE R**
STREET ADDRESS **STE. 127, 2431 ALOMA AVE.**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

TITLE **MGR** ☒ Delete
NAME **WIDELMA, DARELL**
STREET ADDRESS **2431 ALOMA AVE. #123**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☒ Change ☐ Addition
NAME **Daniel W Helman**
STREET ADDRESS **2431 Aloma Ave Ste. 127**
CITY-ST-ZIP **Winter Park FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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

DATE **4-25-05**

DAYTIME PHONE # **407 5784669**

Date

Daytime Phone #