


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 037 ****50.00

DOCUMENT # L03000042611 1. Entity Name FLORIDA RENTAL & MANAGEMENT LLC					
Principal Place of Business 251 S GOLF BLVD POMPANO BEACH, FL 33064 US			Mailing Address P.O. BOX 1005 AUBURNDALE, FL 33823 US		
2. Principal Place of Business - No P.O. Box # P.O. Box 1005		3. Mailing Address Suite, Apt. #, etc. City & State Auburndale, FL Zip 33823 Country Polk			
Suite, Apt. #, etc. City & State Auburndale, FL Zip 33823 Country Polk		Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent GUGEL, JANICE 251 S GOLF BLVD POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Victor Troiano, Esq. Street Address (P.O. Box Number is Not Acceptable) 317 S. Tennessee Ave. City Lakeland FL Zip Code 33801		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUGEL, CHARLES SCOTT POB 1005 AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUGEL, DONALD POB 976 AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Charles Scott Gugel, Mgr.*