

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

192

FILED

2005 OCT 17 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2417566 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000044869

1. Entity Name
TSAVARIS PROPERTIES, LLC



Principal Place of Business
623 E. TARPON AVENUE
STE. A
TARPON SPRINGS, FL 34689-4201

Mailing Address
34 PERTH PLACE
EAST NORTHPORT, NY 11731

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
KOUSKOUTIS, N. MICHAEL ESQ
623 E. TARPON AVENUE
STE. A
TARPON SPRINGS, FL 34689-4201

7. Name and Address of New Registered Agent
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 (N. Michael Kousskoutis) 10-11-05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by October 1, 2005

10/17/05-01075--004 **\$50.00
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSAVARIS, JOHN E II 34 PERTH PLACE EAST NORTHPORT, NY 11731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060689093 10/17/05--01075--004 **\$50.00	<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
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
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
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
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

REINSTATEMENT

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: John E. Tsavaris II JOHN E. TSAVARIS II 10/13/2005 (212) 908-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

202
FILED

2005 OCT 17 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 13, 2005

TSAVARIS PROPERTIES, LLC
34 PERTH PLACE
EAST NORTHPORT, NY 11731

SUBJECT: TSAVARIS PROPERTIES, LLC
Ref. Number: L03000044869

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE
RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF
THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Jessica C Justice

Letter Number: 705A00056547