

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000045770 1. Entity Name IGOR HOLIC, LLC.																																																																																									
Principal Place of Business 9914 SAN MATEO WAY PORT RICHEY FL 34668			Mailing Address 9914 SAN MATEO WAY PORT RICHEY FL 34668																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																						
City & State			City & State																																																																																						
Zip		Country		4. FEI Number 03-0531741																																																																																					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																																																					
6. Name and Address of Current Registered Agent HOLIC, IGOR 9914 SAN MATEO WAY PORT RICHEY FL 34668				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 _____ (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																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HOLIC, IGOR</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9914 SAN MATEO WAY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT RICHEY FL 34668</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3" style="text-align: right;">U000000628533 02/16/07-80017-023 50.00</td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3" style="text-align: right;">U000000628533 02/16/07-80017-024 5.00</td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HOLIC, IGOR		NAME			STREET ADDRESS	9914 SAN MATEO WAY		STREET ADDRESS			CITY - ST - ZIP	PORT RICHEY FL 34668		CITY - ST - ZIP						U000000628533 02/16/07-80017-023 50.00												U000000628533 02/16/07-80017-024 5.00																																						
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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: <u>Igor Holic</u> <u>1/31/07</u> <u>727 505 324</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																									