

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 017 ****50.00

DOCUMENT # L03000046238

1. Entity Name

NORTHEAST REALTY OF TALLAHASSEE, L.C.



Principal Place of Business

**9453 BUCK HAVEN TRAIL
TALLAHASSEE FL 32312**

Mailing Address

**9453 BUCK HAVEN TRAIL
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0419817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JUDY C
9453 BUCK HAVEN TRAIL
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **Judy C. Dougherty**

Street Address (P.O. Box Number is Not Acceptable)

9453 Buck Haven Trail

City **Tallahassee**

FL

Zip Code **32312**

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

Judy C. Dougherty

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

3/21/05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WILLIAMS, JUDY C**
STREET ADDRESS **9453 BUCK HAVEN TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Dougherty, Judy C.**
STREET ADDRESS **9453 Buck Haven Trail**
CITY-ST-ZIP **Tallahassee, FL 32312**

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

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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:

Judy C. Dougherty

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

3/21/05

Date

850-528-0239

Daytime Phone #