

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-28-2005 90075 030 ****50.00

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1st MOORE CR2E083 (10/04)

20-0419229
288 28 8282

DOCUMENT # L03000049434 1. Entity Name FRANK C. NAGY, LLC									
Principal Place of Business 19080 PALM BEACH BLVD. ALVA FL 33920			Mailing Address 19080 PALM BEACH BLVD. ALVA FL 33920						
2. Principal Place of Business 875 QUAIL RUN		3. Mailing Address 							
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 							
City & State LA BELLE FL		City & State 		4. FEI Number 288 28 8282					
Zip 33935		Country HEMART		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent NAGY, FRANK C 19080 PALM BEACH BLVD. ALVA FL 33920				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, 2005									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR NAGY, FRANK C 19080 PALM BEACH BLVD. ALVA FL 33920 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR NAGY, FRANK C 19080 PALM BEACH BLVD. ALVA FL 33920	<input checked="" type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP NAGY, FRANK C 875 QUAIL RUN LA BELLE FL 33935 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP NAGY, FRANK C 875 QUAIL RUN LA BELLE FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAGY080 339203130 1804 33 01/15/05 NOTIFY SENDER OF NEW ADDRESS NAGY 875 QUAIL RUN LABELLE FL 33935-9639			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ADDRESS ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ADDRESS ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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ADDRESS 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>									
<small>Date Daytime Phone #</small>									