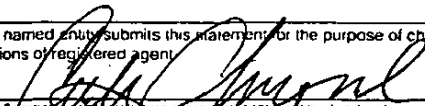
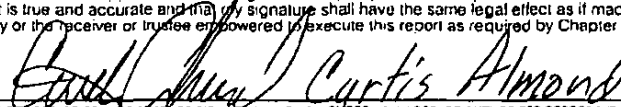


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90024 008 ****55.00

DOCUMENT # L03000050694 1. Entity Name CURTIS ALMOND, LLC			
Principal Place of Business 16300 JAYARE ROAD SPRING HILL FL 34610		Mailing Address 16300 JAYARE ROAD SPRING HILL FL 34610	
2. Principal Place of Business - No P.O. Box # 16300 Jayare Rd		3. Mailing Address Same	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Springhill FL		City & State FL	
Zip 34610		Country 	
Country 		Country 	
4. FEI Number 52-2415152		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMOND, CURTIS 16300 JAYARE ROAD SPRING HILL FL 34610		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  DATE _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	☐ Delete	☐ Change ☐ Addition	
NAME ALMOND, CURTIS			
STREET ADDRESS 1630 JAYARE RD			
CITY- ST- ZIP SPRING HILL FL 34610			
TITLE 	☐ Delete	☐ Change ☐ Addition	
NAME 			
STREET ADDRESS 			
CITY- ST- ZIP 			
TITLE 	☐ Delete	☐ Change ☐ Addition	
NAME 			
STREET ADDRESS 			
CITY- ST- ZIP 			
TITLE 	☐ Delete	☐ Change ☐ Addition	
NAME 			
STREET ADDRESS 			
CITY- ST- ZIP 			
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: 		Date: July 30-07 727-919-4305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			