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	Mailing Address
16300 JAYARE ROAD SPRING HILL FL 34610	16300 JAYARE ROAD SPRING HILL FL 34610

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
16300 Jayare Rd		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Springhill Fl		City & State	
Zip: 34610	Country	Zip	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	7. Name and Address of New Registered Agent
ALMOND, CURTIS 16300 JAYARE ROAD SPRING HILL FL 34610	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 _(signature)_ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	TITLE		☐ Change ☐ Addition
NAME	ALMOND, CURTIS		NAME		
STREET ADDRESS	1630 JAYARE RD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _(signature)_ Curtis Almond July 30-07 727-919-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #