


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90038 004 ****50.00

DOCUMENT # L03000053066		
1. Entity Name SEQUOIA COMMERCIAL CENTER, LLC		

Principal Place of Business 18818 PARSLEY LANE WEEKIWACHIE, FL 34613 US	Mailing Address 18818 PARSLEY LANE WEEKIWACHIE, FL 34613 US
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14002297



2. Principal Place of Business 2288 Commercial Way Suite, Apt. #, etc. Spring Hill City & State	3. Mailing Address P.O. Box 5037 Suite, Apt. #, etc. Spring Hill FL City & State
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04182005 Chg-LLC CR2E083 (10/03)

Zip 34606	Country US	Zip 34611	Country US
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4. FEI Number 20-0483926	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WASIELEWSKI, ROBERT 9301 NEW ORLEANS DR. WEEKIWACHIE, FL 34613	
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7. Name and Address of New Registered Agent Name: Robert Wasielewski/Sequoia Commercial Center Street Address (P.O. Box Number is Not Acceptable): 2288 Commercial Way City: Spring Hill FL State: FL Zip Code: 34606	
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WASIELEWSKI, ROBERT JR. 9301 NEW ORLEANS DRIVE WEEKIWACHIE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - 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: Robert Wasielewski **4/15/05** **352 428 4224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #