

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90022 006 ****50.00

DOCUMENT # L03000053066

1. Entity Name
SEQUOIA COMMERCIAL CENTER, LLC



Principal Place of Business
18818 PARSLEY LANE
WEEKIWACHE, FL 34613 US

Mailing Address
18818 PARSLEY LANE
WEEKIWACHE, FL 34613 US

60000104



04182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
9914 San Diego Way
PT Richey
City & State
PT Richey FL

3. Mailing Address
P.O. Box 5037
Suite, Apt. #, etc.
Spring Hill FL
City & State

4. FEI Number
20-0483926

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

WASIELEWSKI, ROBERT
9914 San Diego Way
PT Richey, FL 34668

Name: Robert Wasielewski / Sequoia Commercial Center
Street Address (P.O. Box Number is Not Acceptable)
9914 San Diego Way
City: PT. RICHEY, FL 34668

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: Robert Wasielewski President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 1/1/06

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 | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WASIELEWSKI, ROBERT | | NAME | | |
| STREET ADDRESS | 9914 San Diego Way | | STREET ADDRESS | | |
| CITY-ST-ZIP | PT RICHEY, FL 34668 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 President
Signature and typed or printed name of signing managing member, manager, or authorized representative
Date: Daytime Phone: