

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90020 009 ***138.75

DOCUMENT # L03000053303

1. Entity Name
ENGLESIDE PROPERTIES, LLC



Principal Place of Business
970 LEMON BLUFF ROAD
OSTEEN, FL 32764 US

Mailing Address
970 LEMON BLUFF ROAD
OSTEEN, FL 32764 US

2. Principal Place of Business - No P.O. Box #
2540 S. SANFORD AVE
Suite, Apt. #, etc.

3. Mailing Address
2540 S. SANFORD AVE
Suite, Apt. #, etc.

City & State
SANFORD FL
Zip
32773 Country

City & State
SANFORD FL
Zip
32773 Country

03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0563331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORLEY, ANNA KAREN
970 LEMON BLUFF ROAD
OSTEEN, FL 32764

7. Name and Address of New Registered Agent

Name CORLEY, ~~KATHLEEN~~ ANNA KAREN
Street Address (P.O. Box Number is Not Acceptable)
2540 S. SANFORD AVE.
City SANFORD FL Zip Code 32773

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

Karen Corley

KAREN CORLEY

4/29/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CORLEY, KATHLEEN L. ☐ Delete
STREET ADDRESS 2540 SANFORD AVE.
CITY-ST-ZIP SANFORD, FL 32773

TITLE MGRM
NAME CORLEY, ANNA KAREN ☐ Delete
STREET ADDRESS 970 LEMON BLUFF ROAD
CITY-ST-ZIP OSTEEN, FL 32764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CORLEY, KATHLEEN L. ☒ Change ☐ Addition
STREET ADDRESS 2535 S. PALMETTO AVE.
CITY-ST-ZIP SANFORD, FL 32773

TITLE MGRM
NAME CORLEY, ANNA KAREN ☒ Change ☐ Addition
STREET ADDRESS 2540 S. SANFORD AVE.
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Karen Corley

KAREN CORLEY

4/29/08

407 322 7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #