


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90274 001 ***500.00

DOCUMENT # L03000055188			
1. Entity Name 13333 S.W. 112 PLACE, LLC			
Principal Place of Business 4345 CANARD ROAD MELBOURNE, FL 32934		Mailing Address 4345 CANARD ROAD MELBOURNE, FL 32934	
2. Principal Place of Business 592 HAWKSBILL IS. DR. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State SATELLITE BEACH, FL		City & State	
Zip 32937	Country BREVARD	Zip	Country
4. Name and Address of Current Registered Agent ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934		7. Name and Address of New Registered Agent Name: MARIA ABRAVAYA Street Address (P.O. Box Number is Not Acceptable): 592 HAWKSBILL IS. DR. City: SATELLITE BEACH FL Zip Code: 32937	
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: Maria Abravaya		DATE: 5/1/06	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA ABRAVAYA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 592 HAWKSBILL IS. DR. SATELLITE BEACH, FL 32937
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 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: Maria Abravaya		DATE: 5/1/06 321-266-8669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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4. FEI Number 20-0505418 Applied For Not Applicable

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