

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000013244**

1. Entity Name

**CHRISTOPHER ALMOND, LLC**



Principal Place of Business

**7650 HATTERAS DRIVE  
HUDSON FL 34667**

Mailing Address

**7650 HATTERAS DRIVE  
HUDSON FL 34667**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

**20-0888101**

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, CHRISTOPHER  
7650 HATTERAS DRIVE  
HUDSON FL 34667**

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

*Christopher J Almond LLC*

**1-29-07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **P** ☐ Delete  
NAME: **ALMOND, CHRIS L**  
STREET ADDRESS: **7650 HALTERAS DR**  
CITY- ST- ZIP: **HUDSON FL 34667**

TITLE: ☐ Change ☐ Addition  
NAME: **1000000759699**  
STREET ADDRESS: **05/24/07-800538-000**  
CITY- ST- ZIP: **50000**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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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 Section 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:**

*Christopher J Almond LLC*

**1-29-07**

**727-243-5588**

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

Date

Daytime Phone #