

ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**DOCUMENT # L04000020556**

1. Entity Name

KARYN S. ZERVOS, P.L.

**FILED****Feb 07, 2008 08:00 AM
Secretary of State**

Principal Place of Business

4806 SHELL STREAM BLVD.
NEW PORT RICHEY FL 34652

Mailing Address

4806 SHELL STREAM BLVD.
NEW PORT RICHEY FL 34652

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

35-2227930

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent**ZERVOS, KARYN S
4806 SHELL STREAM BLVD.
NEW PORT RICHEY FL 34652**7. Name and Address of New Registered Agent**

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

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 MGR ☐ Delete
NAME ZERVOS, KARYN S
STREET ADDRESS 4806 SHELL STREAM BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34652TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS/CHANGES**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME 000000918968
STREET ADDRESS 02/15/08-80065-001 138.75
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

000000918968

02/15/08-80065-001

138.75