

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90052 019 ***138.75

DOCUMENT # L04000023468

1. Entity Name
FLORIDA DISTRICT, LLC



Principal Place of Business
**3037 ARBOR OAKS DR
TARPON SPRINGS, FL 34688**

Mailing Address
**2609 47TH AVE N.
ST. PETERSBURG, FL 33714**

60030532



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
14-1905208

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

**MONTGOMERY, NOVA
3037 ARBOR OAKS DR
TARPON SPRINGS, FL 34688**

7. Name and Address of New Registered Agent

Name **LOU ALFIERI**
Street Address (P.O. Box Number is Not Acceptable)
1461 SW 16th St
Boca Raton
City **FL** Zip Code **33486**

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

Janis Alfieri

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/08

**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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **MONTGOMERY, NOVA**
STREET ADDRESS **3037 ARBOR OAKS DR.**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Mayda Alfieri**
STREET ADDRESS **1461 SW 16 St**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **MGR** ☐ Delete
NAME **DEMOND, ELSIE B**
STREET ADDRESS **2609 47TH AVE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

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

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 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:

for Novamonty agent

4/25/08

727-329-6177

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

Date

Daytime Phone #