

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90032 006 ***138.75

DOCUMENT # L04000023940

1. Entity Name
WILLIAMSBURG ESTATES, LLC



Principal Place of Business
6611 U.S. HIGHWAY 19, SUITE 507
NEW PORT RICHEY, FL 34652

Mailing Address
6611 U.S. HIGHWAY 19, SUITE 507
NEW PORT RICHEY, FL 34652

50010262

2. Principal Place of Business - No P.O. Box #
8520 Government Dr
Suite, Apt. #, etc.
#1

3. Mailing Address
8520 Government Dr
Suite, Apt. #, etc.
#1

City & State
New Port Richey FL
Zip
34653
Country
Pasco

City & State
New Port Richey FL
Zip
34653
Country
Pasco

08142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0101715
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KALOGIANIS, CONSTANTINE
6611 U.S. HIGHWAY 19, SUITE 507
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALOGIANIS, CONSTANTINE 6611 US HWY 19 STE 507 NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kalogianis, Constantine 8520 Government Dr New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALOGIANIS, KATHY E 6611 US HWY 19 STE 507 NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kalogianis, Kathy T 8520 Government Dr New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date: 8-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #