

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000024437

**1. Entity Name
ALOMA COMMERCE CENTER, L.L.C.**



**Principal Place of Business
933 BEVILLE ROAD, BLDG. 103-F
SOUTH DAYTONA, FL 32119**

**Mailing Address
P.O. BOX 551260
JACKSONVILLE, FL 32255**

DO NOT WRITE IN THIS SPACE



03232007 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number
02-1006123**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHWARTZ, WINSTON
933 BEVILLE RD #103-F
DAYTONA BEACH, FL 32119**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADLEY, JAMIE
933 BEVILLE RD #103-F
DAYTONA BEACH, FL 32119**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000684006
04/06/07-80014-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

3/25/07 386 760 2555