

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90029 039 ****50.00

DOCUMENT # L04000025265 1. Entity Name AGORA REAL ESTATE SERVICES, LC					
Principal Place of Business 3718 ACOT BEND CT. BONITA SPRINGS, FL 34134 US			Mailing Address 3718 ACOT BEND CT. BONITA SPRINGS, FL 34134 US		
2. Principal Place of Business 8870 TERRELL CT. #101		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BONITA SPRINGS, FL		City & State 		4. FEI Number 02282005 Chg-LLC CR2E083 (10/03)	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICOSMO, NATALE J. 3718 ASCOT BEND CT. BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICOSMO, NATALE J 3718 ASCOT BEND CT. BONITA SPRINGS, FL 34134	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			4/11/05 239-498-0177 <small>Date Daytime Phone</small>		