

2108 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000029366

Entity Name
WINTER GARDEN TOWNHOMES, LLC



Principal Place of Business
300 N RONALD REGAN BLVD
SUITE 311
LONGWOOD, FL 32750 US

Mailing Address
300 N RONALD REGAN BLVD
SUITE 311
LONGWOOD, FL 32750 US



04222008 No Chg-I.L.C.

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1992681	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALZADA RICARDO II
809 IRMA AVENUE
SUITE 1
ORLANDO FL 32803

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning))

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000920700
05/14/08-80055-011 138.75

MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLNER, MARIC 300 NORTH COUNTY ROAD 427, SUITE 204 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDNER, MARTIN 1580 SAWGRASS CORPORATE PARKWAY, SUITE 130 SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* **Apr 22/08** **954 319-1851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #