

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 024 ****50.00

DOCUMENT # L04000032020

1. Entity Name
11401 WEST FLAGLER, LLC.



Principal Place of Business
965 SOUTH BAYSHORE BLVD
SAFETY HARBOR, FL 34695

Mailing Address
2110 DREW STREET
CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1052971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLITIS, GREGORY
965 SOUTH BAYSHORE BLVD
SAFETY HARBOR, FL 34695

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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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
POLITIS, GREGORY
965 SOUTH BAYSHORE BLVD
SAFETY HARBOR,, FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
POLITIS, PETER
965 S BAYSHORE BLVD
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

member

4/4/2006

727.726.4401

Date

Daytime Phone #