

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90355 011 ****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

60037366



01022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1052971	Applied For Not Applicable
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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

**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 reinstating)

(DATE)

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

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

GREGORY POLITIS
MANAGING MEMBER 4/12/07