

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90028 030 ****50.00

DOCUMENT # L04000034083

1. Entity Name
HOWARD ARMENIA DEVELOPERS, LLC



Principal Place of Business
~~2101 WEST PLATT STREET, SUITE 200~~
TAMPA, FL 33606

Mailing Address
~~2101 W PLATT ST, STE 200~~
TAMPA, FL 33606

403 N.
Howard
Ave
#200

60050121



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1081560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOEHLER, KEITH W
KOEHLER & CO, PA
502 N ARMENIA AVE
TAMPA, FL 33609

**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	LUM, JOHN 403 N. Howard Ave.
STREET ADDRESS	2101 WEST PLATT STREET #200 Ste 200
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	GULUZIAN, ARAM 403 N. Howard Ave
STREET ADDRESS	2101 WEST PLATT STREET #200 Ste 200
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 #

4/27/07 (813) 258-5478