

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90146 033 ****50.00

DOCUMENT # L04000037148

1. Entity Name

3810 AZEELE, LLC



Principal Place of Business

3810 W. AZEELE STREET
TAMPA FL 33609

Mailing Address

4422 N. CHURCH AVE., SUITE H
TAMPA FL 33614



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 26563

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Zip

Country

City & State

Tampa, FL

Zip

33623

Country

4. FEI Number

20-1146111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADORF, RICK W ESQ.
2201 NORTHEAST COACHMAN ROAD, SUITE 102
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME MANLEY, JAMES F
STREET ADDRESS 4422 N. CHURCH AVE., SUITE H
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Frank R. Hayden
STREET ADDRESS 4422 N. Church Ave., Ste J
CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frank R. Hayden

Managing Member

2/6/06

813-281-2949

Date

Daytime Phone #