

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000039391

1. Entity Name
SUROVEK PROPERTIES, LLC



Principal Place of Business

**349 WORTH AVE
8 VIA PARGIA
PALM BEACH, FL 33480-4671**

Mailing Address

**349 WORTH AVE
8 VIA PARIGI
PALM BEACH, FL 33480-4671**



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0375378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUROVEK, JOHN H
349 WORTH AVENUE
8 VIA PARIGI
PALM BEACH, FL 33480**

**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**

000000709269
04/24/07-80147-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUROVEK, JOHN H
STREET ADDRESS	349 WORTH AVE, 8 VIA PARIGI
CITY-ST-ZIP	PALM BEACH, FL 334804671

TITLE	
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**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 #

John H. Surovek 04/10/07 561-832-0422