

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043682

1. Entity Name
OLYMPIA 610, LLC



Principal Place of Business
610 EAST OLYMPIA AVENUE
PUNTA GORDA, FL 33950

Mailing Address
C/O DAVID A HOLMES, ESQ
P.O. DRAWER 511447
PUNTA GORDA, FL 33951-1447



02102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1284270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLMES, DAVID A ESQ
FARR FARR EMERICH SIFRIT HACKETT AND CARR
99 NESBIT STREET
PUNTA GORDA, FL 33950-3636

**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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOENNING, STEPHEN P
STREET ADDRESS	610 E. OLYMPIA AVE
CITY - ST - ZIP	PUNTA GORDA, FL 33950

TITLE	
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03/10/06-80053-014 50.00

**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 #

2/27/06