

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90018 037 \*\*\*138.75

**DOCUMENT # L04000045708**

1. Entity Name  
1212 HILLVIEW DRIVE ASSOCIATES, LLC



Principal Place of Business  
C/O CARL R KUEHNER, BLDG & LAND TECH.  
501 MERRITT 7 PENTHOUSE  
NORWALK, CT 06851

Mailing Address  
C/O CARL R KUEHNER, BLDG & LAND TECH.  
501 MERRITT 7 PENTHOUSE  
NORWALK, CT 06851

60039914



2. Principal Place of Business - No P.O. Box #  
1510 S. TUTTLE AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1510 S. TUTTLE AVE  
Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State  
SARASOTA FL  
Zip  
34239 Country

City & State  
SARASOTA, FL  
Zip  
34239 Country

4. FEI Number  
20-1301138  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
SHEA, JOHN J  
269 S. OSPREY AVE  
SUITE 100  
SARASOTA, FL 34236

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLANEN, PHILIP E 3410 FLAMINGO AVE. SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] Ando Letschert II 4/29/08 941-366-9577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #