## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT , S

## FILED Aug 29, 2005 8:00 am Secretary of State

Principal Place of Business   Malfing Address   1750 REF POND ROUD   PALM HARBOR, FL 34683   PALM HA	1. Entity Name	VELOPMENT, LLC				07-27-200	05 90014 016	****50.00
PALM HARBOR, FL 34683  PALM HARBOR, FL 34683  2. Principal Place of Business  Suite, Apt. P. etc  Suite, Apt. P	Principal Place	e of Business	Malling Address					
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City & States  States & Controlled  States & States  States  States & States  States  States & Sta	2. Principal Place of Business		3. Mailing Address					
Security	Suite, Apt. #, etc.		Suite. Apt. #, etc.		07012005	Chg-LLC	CR2E083 (10/0	13)
Spin Country	City & State		City & State			72725	_	
ABDO, FRANCOIS 1780 BEE POND ROAD PALM HARBOR, FL 34683  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Foods. I am termise with, and accept the obligations of registered agent, or both, in the State of Florida. I am termise with, and accept the obligations of registered agent, or both, in the State of Florida. I am termise with, and accept the obligations of registered agent, or both, in the State of Florida. I am termise with, and accept the obligations of registered agent, or both, in the State of Florida. I am termise with, and accept the obligations of registered agent, or both, in the State of Florida. I am termise with, and accept the obligations of registered agent, or both, in the State of Florida Department of State  Fitting Pee is \$50.00  Palm Pee is \$50.00  Make check paryable to Priorida Department of State  TILL  MARKET ADDO, FRANCOIS  ADDO, FRANC	Zip	Country	Zip	Country				
ABDO, FRANCOIS To DEEP POND ROAD PALM HARBOR, FL 34683  City FL Zip Code  6. The above named entry submits this assertment for the purpose of changing its registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisar with, and accept the termination agent with the state of the state of Florida. I am termisar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termisa		5. Name and Address of Curren	t Registered Agent	Nama	7. Name and A	uddress of New Ro	gistered Agent	
PALM HARBOR, FL 34683  City FL Zip Code  8. The above named entity submits this satisfament for the purpose of changing its registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the objection of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the object of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the acceptance of registered agent, or both, in Pe State of Forda. I am ternisar with, and accept the acceptance of registered agent, or both, in Pe State of Forda Department of State of State of Forda Department of State of State of State of Forda Department of State of					as (P.O. Box Number	is Not Acceptable		
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SIGNATURE			or the purpose of changing its re	agistered office or regi	istered agent, or both	, in the State of Flor	ida. I am familiar w	ith, and accept
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CITY-S1-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(ii), Horida Statutes.	TITLE MAME STRET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP	MGRM ABDO, FRANCOIS 1780 BEE POND ROAD	Delete Delete Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS /	Chan	De ☐ Addition
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