

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90026 024 ****50.00

DOCUMENT # L04000049452

1. Entity Name
GOVILLAS, LLC



Principal Place of Business
120 NE 4TH STREET
FT. LAUDERDALE, FL 33301

Mailing Address
120 NE 4TH STREET
FT. LAUDERDALE, FL 33301

40069853



2. Principal Place of Business - No P.O. Box

1212 E Broward Blvd
Suite Apt # etc.
300

3. Mailing Address

1212 E Broward Blvd
Suite Apt # etc.
300

03202007 Chg-LLC CR2E083 (12/06)

City & State
Ft. Lauderdale FL
33301

City & State
Ft. Lauderdale FL
33301

4. FEI Number
20-1658850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEX F RICHARDSON, PA
120 NE 4TH STREET
FT. LAUDERDALE, FL 33301

Name

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

1212 E Broward Blvd.
Suite 300

City & State
Ft. Lauderdale FL 33301

7. Name and Address of New Registered Agent

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GEORGIAN OAKS VILLAS, LLC
120 NE 4TH STREET
FT. LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1212 E Broward Blvd.
Ft. Lauderdale, FL 33301 ☐ Change ☐ Addition

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

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

981-
3-20-07 761-3472