

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90083 004 \*\*\*\*50.00

**DOCUMENT # L04000050109**

1. Entity Name  
2509 1ST STREET, LLC



Principal Place of Business  
2036 - 20TH AVENUE PARKWAY  
INDIAN ROCKS BEACH, FL 33785

Mailing Address  
2036 - 20TH AVENUE PARKWAY  
INDIAN ROCKS BEACH, FL 33785

**20035347**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1335553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, PETER A  
2036 20TH AVENUE PARKWAY  
INDIAN ROCKS BEACH, FL 33785

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

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, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SMITH, PETER A  
STREET ADDRESS 2036 - 20TH AVENUE PARKWAY  
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

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

TITLE MGRM ☐ Delete  
NAME SMITH, PARASQUEVI  
STREET ADDRESS 2036 - 20TH AVENUE PARKWAY  
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

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

TITLE MGRM ☒ Delete  
NAME HAROCOPOS, EVELYN  
STREET ADDRESS 2036 - 20TH AVENUE PARKWAY  
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

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

TITLE MGRM ☐ Delete  
NAME HAROCOPOS, MARIA  
STREET ADDRESS 2036 - 20TH AVENUE PARKWAY  
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4/18/05