

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 21, 2008 08:00 AM
Secretary of State**

DOCUMENT # L04000059540

1. Entity Name
LOT 20 TOWN & COUNTRY BUSINESS CENTER, LLC



Principal Place of Business
**29 CHEYENNE CT
PALM COAST, FL 32137 US**

Mailing Address
**29 CHEYENNE CT
PALM COAST, FL 32137 US**



02162008 No Chg-LLC

CRZE083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAGLIANO, ANTHONY 29 CHEYENNE COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAGLIANO, MARY 29 CHEYENNE CT PALM COAST, FL 32137
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02/28/08-80024-022 138.75

**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 #

Anthony Stagliano Anthony Stagliano 2-16-08 386 445-5758