

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000059908

1. Entity Name
ESP INVEST, LLC



Principal Place of Business
% HILDA DRABECK
75 MAJORIE LANE
MANCHESTER, CT 06040

Mailing Address
% HILDA DRABECK
75 MAJORIE LANE
MANCHESTER, CT 06040



01102007No Chg-LLC

CR2E083 (11/05)

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

NYBORG, LILLIAN
14 NOTTINGHAM DR.
ORMOND BEACH, FL 32174

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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

Lillian Nyborg
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

1/10/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ESPITTIA, BYRON
STREET ADDRESS 14 NOTTINGHAM DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGRM
NAME NYBORG, LILLIAN
STREET ADDRESS 14 NOTTINGHAM DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGRM
NAME ESPITTIA, IGOR
STREET ADDRESS P.O. BOX 28
CITY-ST-ZIP CHAPLIN, CT 06235

TITLE MGRM
NAME DRABEK, HILDA
STREET ADDRESS 206 PINE ST.
CITY-ST-ZIP COLUMBIA, CT 06237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000587861
01/17/07-80049-021 50.00

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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:

Hilda Drabek
Signature and typed or printed name of signing managing member, or authorized representative

Date

Daytime Phone #