

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000067404

1. Entity Name
VILLAGE AT FLETCHER, LLC



Principal Place of Business

**212 E CASS ST
TAMPA, FL 33602**

Mailing Address

**212 E CASS ST
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1618779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606**

**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**

U00000941856
05/28/08 80122 010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KHAN, MASOOD K
STREET ADDRESS	212 E CASS ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	ST
NAME	KHAN, NANCY C
STREET ADDRESS	212 E CASS ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	KHAN, KHALID J
STREET ADDRESS	212 E CASS ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Nancy C. Khan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08

Date

813 985 2899

Daytime Phone #