2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000067770

1. Entity Name
316 PONCE DE LEON, LLC

Principal Place of Business
316 PONCE DE LEON BLVD
BELLEAIR, FL 33756

Mailing Address
5930 SEASIDE DR
NEW PORT RICHEY, FL 34652

01042008No Chg-LLC CR2E083 (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

SYNSTAD, WAYNE C
5930 SEASIDE DR
NEW PORT RICHEY, FL 34652

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 _____ 3 APR 08
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

U00000882815
04/16/08-80054-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SYNSTAD, WAYNE C
STREET ADDRESS	5930 SEASIDE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	MGRM
NAME	SYNSTAD, ERIC C
STREET ADDRESS	9823 E, CASITAS DEL RIO DR
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	MGRM
NAME	KOHLER, FRANK
STREET ADDRESS	P.O. BOX 246
CITY-ST-ZIP	TALL TIMBERS, MD 20690
TITLE	MGRM
NAME	KOHLER, MICHELLE L
STREET ADDRESS	P.O. BOX 246
CITY-ST-ZIP	TALL TIMBERS, MD 20690
TITLE	MGRM
NAME	SYNSTAD, FRANCES A
STREET ADDRESS	5930 SEASIDE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
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: _____ 3 APR 08 727 207 1438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #