

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000069937	
1. Entity Name SAMARIE ENTERPRISES, LLC	

Principal Place of Business 2830 N. HIAWASSEE ROAD ORLANDO FL 32818 US	Mailing Address 2830 N. HIAWASSEE ROAD ORLANDO FL 32818 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E083 (10/06)

4. FEI Number 20-1686056	Applied For ☐ Not Applicable														
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required														
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2" rowspan="4"> LEWIS, MBA, CHARLES E J.D. C/O MARIA SCARDINO 2830 NORTH HIAWASSEE ROAD ORLANDO FL 32818 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		LEWIS, MBA, CHARLES E J.D. C/O MARIA SCARDINO 2830 NORTH HIAWASSEE ROAD ORLANDO FL 32818		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent													
LEWIS, MBA, CHARLES E J.D. C/O MARIA SCARDINO 2830 NORTH HIAWASSEE ROAD ORLANDO FL 32818		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCARDINO, MARIA 2830 N. HIAWASSEE ROAD ORLANDO FL 32818	☐ Delete	☐ Change ☐ Addition U000000599260 01/25/07-80020-002 200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/19/07 (97) 920-9806