

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000074977**

1. Entity Name  
13949 W. HILLSBOROUGH AVE, LLC.



Principal Place of Business  
965 S. BAYSHORE BLVD  
SAFETY HARBOR, FL 34695

Mailing Address  
965 S. BAYSHORE BLVD  
SAFETY HARBOR, FL 34695



02062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1758277

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

POLITIS, GREGORY  
965 S. BAYSHORE BLVD  
SAFETY HARBOR, FL 34695

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

U000000912946  
05/07/08-80100-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	POLITIS, GREGORY
STREET ADDRESS	965 S. BAYSHORE BLVD
CITY- ST- ZIP	SAFETY HARBOR, FL 34695
TITLE	MGR
NAME	POLITIS, PETER
STREET ADDRESS	965 SOUTH BAYSHORE BOULEVARD
CITY- ST- ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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:**

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

**GREGORY POLITIS**  
**MANAGING MEMBER**

Date

Daytime Phone #

4/15/08