

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075990

1. Entity Name
FORSYTH GROUP, LLC



Principal Place of Business
6824 HANGING MOSS ROAD
ORLANDO, FL 32807

Mailing Address
6824 HANGING MOSS ROAD
ORLANDO, FL 32807



02122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2684037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, ROD E
6824 HANGING MOSS ROAD
ORLANDO, FL 32807

**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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PARENT, CHRIS D
304 HAZELNUT STREET
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VARGAS, ROD E
1407 PORTMOOR WAY
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THEORET, DENNIS
2160 MELALEUCA DRIVE
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TURSI, SILENIO A
4611 NW 57TH LANE
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CRUZ, KELYEM D
8639 NORTH HIMES AVENUE, #2004
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000445184
03/07/06 20033-011 50.00

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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

2/21/06

407 629-8180

Date

Daytime Phone #