

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000076264**

1. Entity Name

DOWNTOWN WATERFRONT FLORIST, L.L.C.



Principal Place of Business

10101 LAKE LOISA ROAD  
CLERMONT FL 34711

Mailing Address

503 WEST AVENUE  
CLERMONT FL 34711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

20-1799750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRINER, SHIRLEY  
10101 LAKE LOISA ROAD  
CLERMONT FL 34711

Name Same

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GRINER, SHIRLEY  
10101 LAKE LOISA ROAD  
CLERMONT FL 34711 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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000000503500  
04/28/06-80046-016 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 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 #

4-10-06 352 516 3106