


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000077098 1. Entity Name 201 INDIAN ROAD LLC																													
Principal Place of Business C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401			Mailing Address C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
VEGOSEN, DEAN ESQ C/O BOOSE CSEY CIKLIN LUBITZ MARTENS MCBAN 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MGR</td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HODGE, THOMAS</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">201 INDIAN ROAD</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PALM BEACH, FL 33480</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	HODGE, THOMAS		STREET ADDRESS	201 INDIAN ROAD		CITY-ST-ZIP	PALM BEACH, FL 33480		10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE: _____

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

Date

Daytime Phone #

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.



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20052243
Division of Corporations

Annual Report

Annual Report Help

Document Number

L04000077098

Business Entity Name

201 INDIAN ROAD LLC

FBI Number

FBI Number Status

☐ Listed Above ☐ Applied For ☒ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKL
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR
City, State WEST PALM BEACH FL
Zip Code & Country 33401

Mailing Address

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKL
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR
City, State WEST PALM BEACH FL
Zip Code & Country 33401

Name and Address of Registered Agent

Name (Last, First, Middle, Title) VEGOSEN DEAN ESQ

- OR -

Business to serve as RA

Address (PO Box is not acceptable) C/O BOOSE CSEY CIKLIN LUBITZ MARTEN
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR
City, State WEST PALM BEACH FL
Zip Code & Country 33401 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Dean Vegosen

This signature must be that of the individual "signing" this document electronically or be

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made with the full knowledge and permission of the individual, otherwise it constitutes
forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title	MGR		
Name (Last, First, Middle, Title)	HODGE	THOMAS	
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address	201 INDIAN ROAD		
City, State	PALM BEACH	FL	
Zip Code & Country	33480		
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			

20052243
#L04000077098

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Mr

Managing Member/Manager Signature Thomas Hodge

The individual "signing" this document affirms that the facts stated herein are true.

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Document Number L04000077098
Business Entity Name 201 INDIAN ROAD LLC
FEI Number
FEI Number Status Not Applicable
Certificate of Status Desired No

Principal Place of Business

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR
City, State WEST PALM BEACH, FL
Zip Code & Country 33401

Mailing Address

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR
City, State WEST PALM BEACH, FL
Zip Code & Country 33401

Name and Address of Registered Agent

Name (Last, First, Middle, Title) VEGOSEN, DEAN , ESQ
Address C/O BOOSE CSEY CIKLIN LUBITZ MARTENS MCBAN
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR
City, State WEST PALM BEACH, FL
Zip Code & Country 33401 US
Registered Agent Signature DEAN VEGOSEN

Managing Member/Manager Name and Address

Title MGR
Name (Last, First, Middle, Title) HODGE, THOMAS
Street Address 201 INDIAN ROAD
City, State PALM BEACH, FL
Zip Code & Country 33480

Title MR
Managing Member/Manager Signature THOMAS HODGE

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