

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90142 049 ****50.00

60009976



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~00-1029680~~ 20-8311742 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NARINE, JEROLD
3396 AVE. U NW
WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent

Name **NARINE JEROLD**
Street Address (P.O. Box Number is Not Acceptable)
1923 BEECHER STREET
City **ORLANDO** FL Zip Code **32808**

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

JEROLD NARINE

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **NARINE, JEROLD MR.**
STREET ADDRESS **3396 AVE U. NW.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **NARINE JEROLD**
STREET ADDRESS **1923 BEECHER STREET**
CITY-ST-ZIP **ORLANDO, FL 32808**

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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: **Jerold Narine** **JEROLD NARINE** 1-26-07 (407) 453-1441

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

Date

Daytime Phone #