

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90337 013 \*\*\*\*50.00

**DOCUMENT # L04000089400**

1. Entity Name  
**RAND-HILLVIEW, LLC**



Principal Place of Business  
**1447 TANGIER WAY  
SARASOTA, FL 34239**

Mailing Address  
**1447 TANGIER WAY  
SARASOTA, FL 34239**

**60036464**



03152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

~~LEEREVELD, BART~~  
**3701 BEE RIDGE RD  
SARASOTA, FL 34233**

*LEEREVELD, BART*

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEEREVELD, BART
STREET ADDRESS	1447 TANGIER WAY
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	MGRM
NAME	SVIRSKY, STEPHEN B
STREET ADDRESS	5117 OXFORD DRIVE
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	WATANABE, KAHORU
STREET ADDRESS	5824 BEE RIDGE ROAD PMB 318
CITY - ST - ZIP	SARASOTA, FL 34233

**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

Date

Daytime Phone #