

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

150.00

DOCUMENT # 404000093571

1. Entity Name

SLOVAK VILLAGE #1, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 28 AM 8:26



Principal Place of Business

2505 MIDDLETON AVENUE
WINTER PARK FL 32792

Mailing Address

2505 MIDDLETON AVENUE
WINTER PARK FL 32792

2. Principal Place of Business

2909 Banchory Rd
Suite, Apt. #, etc.
Winter Park

3. Mailing Address

2909 Banchory Rd
Suite, Apt. #, etc.
Winter Park

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (5/05)

6. Name and Address of Current Registered Agent

WHITE, W. GRAHAM
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Leslie Kiwas Lynch
2909 Banchory Rd
Winter Park, FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500060951325
10/26/05--01035--006 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 2005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Leslie Kiwas Lynch Leslie Kiwas Lynch

9-20-05

407-644-5155

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

Date

Daytime Phone #