

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

05-04-2005 90035 043 ****50.00

DOCUMENT # L04000094404 1. Entity Name PRIORITY PROPERTIES, L.L.C.					
Principal Place of Business 9414 LOREDALE CIRCLE SPRING HILL, FL 34608			Mailing Address 9414 LOREDALE CIRCLE SPRING HILL, FL 34608		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. EEI Number 20-1945466				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOONEY, TODD A 9414 LOREDALE CIRCLE SPRING HILL, FL 34608			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOONEY, TODD A 9414 LOREDALE CIRCLE SPRING HILL, FL 34608	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER Sheryl Mooney 9414 Lorendale Circle Spring Hill, FL 34608	☐ 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			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____

[Handwritten Signature] *[Handwritten Initials]*