

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90178 047 ****50.00

DOCUMENT # L05000000768

1. Entity Name

MARKELL HOME DESIGNS, LLC



Principal Place of Business

7325 KENWOOD DRIVE
NORTH PORT FL 34287
US

Mailing Address

7325 KENWOOD DRIVE
NORTH PORT FL 34287
US



2. Principal Place of Business

7325 Kenwood Drive

Suite, Apt. #, etc.

3. Mailing Address

7325 Kenwood Drive

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

North Port, FL

Zip
34287

Country
USA

City & State

North Port FL

Zip
34287

Country
USA

4. FEI Number

20-2095933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KISLYAK, MARK
7325 KENWOOD DRIVE
NORTH PORT FL 34287

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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KISLYAK, MARK
7325 KENWOOD DRIVE
NORTH PORT FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KISLYAK, VLADIMIR
7325 KENWOOD DRIVE
NORTH PORT FL 34287 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/24/06

941-544-724

Date

Daytime Phone #