

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L05000001715

1. Entity Name
KISSIMMEE HOME REAL ESTATE LLC



Principal Place of Business
**451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

Mailing Address
**451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0888895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TORO, MARIA
4515 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TORO, JOHN
451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TORO, MARIA
451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TORO, JOHAN
451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TORO, FERNANDO
451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TORO, ANGEL
451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000864166
04/04/08-80002-020-138.75

**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: *Maria Toro*

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

Date

Daytime Phone #

Maria Toro 3/17/08 772-336-9102