

# LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # **L 05000003155**

1. Entity Name

**323 Properties, LLC**



**FILED**

07 MAY -2 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**215 W College Ave**

Suite, Apt. #, etc.

**410**

City & State

**Tallahassee FL**

Zip

**32301**

Country

**LEON**

3. Mailing Address

**26 Box 1655**

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

Zip

**32302-1655**

Country

**LEON**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

CR2E083B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Daniel Pollock**

Street Address (P.O. Box Number is Not Acceptable)

**215 W College Ave.**

**410**

City

**Tallahassee**

FL

Zip Code

**32301**

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

*Daniel Pollock*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

**5-1-07**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>
NAME	<b>Pollock Daniel</b>
STREET ADDRESS	<b>215 W College Ave #410</b>
CITY-ST-ZIP	<b>Tallahassee FL 32301</b>
TITLE	<b>MGRM</b>
NAME	<b>Caleoto, Laureen</b>
STREET ADDRESS	<b>2728 W Hannah Hill Dr.</b>
CITY-ST-ZIP	<b>Tallahassee FL 32309</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/09/07--01044--024 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

*Daniel Pollock*

**MGRM 5/1/07 830 807120**