

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 025 ****50.00

DOCUMENT # L05000013847

1. Entity Name
BUSTERS CREEK, LLC



Principal Place of Business
5652 BAYVIEW DRIVE NORTH
SEMINOLE, FL 33776

Mailing Address
5652 BAYVIEW DRIVE NORTH
SEMINOLE, FL 33776

00045376



2. Principal Place of Business - No P.O. Box #
5652 Bayview Drive

3. Mailing Address
5652 Bayview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-LLC CR2E083 (12/06)

City & State
Seminole, FL

City & State
Seminole, FL

4. FEI Number
20-2311242

Applied For
Not Applicable

Zip
33776

Country

Zip
33776

Country

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

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVE
TAMPA, FL 33606

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

T ☒ Delete
TITLE
NAME TOCCALINO, GEORGE
STREET ADDRESS 5652 BAYVIEW DR, W
CITY-ST-ZIP SEMINOLE, FL 33772

S ☐ Delete
TITLE
NAME TOCCALINO, CAROL D
STREET ADDRESS 5652 BAYVIEW DR, W
CITY-ST-ZIP SEMINOLE, FL 33776

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Manager ☐ Change ☒ Addition
TITLE
NAME George Toccalino
STREET ADDRESS 5652 Bayview Drive
CITY-ST-ZIP Seminole, FL 33776

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 5652 Bayview Dr
CITY-ST-ZIP Seminole, FL 33776

☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Manager
George Toccalino

727-528-0178

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

Date

Daytime Phone #