

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90273 023 ****50.00

DOCUMENT # L05000014147

1. Entity Name

ISTVAN FODOR, LLC



Principal Place of Business

1612 CORAL WAY
#B
LARGO FL 33771
US

Mailing Address

1612 CORAL WAY
#B
LARGO FL 33771
US

2. Principal Place of Business

1306 HONOR DR

3. Mailing Address

1306 HONOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLIDAY FL 34690

City & State

HOLIDAY FL

Zip

34690

Country

PASCO

Zip

34690 FL

Country

PASCO

4. FEL Number

51-0535076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

FODOR, ISTVAN
1612 CORAL WAY
#B
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

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

1306 HONOR DRIVE

City

HOLIDAY

FL

Zip Code

34690

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

x Istvan 2 Fodor

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

(NOTE: Registered Agent signature required when reinstating)

x 03/14/06

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 MGR
NAME FODOR, ISTVAN
STREET ADDRESS 1612 CORAL WAY #B
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1306 HONOR DR
CITY-ST-ZIP HOLIDAY FL 34690 ☒ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

x Istvan 2 Fodor

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

x 03/14/06 x 727-534-5188

Date

Daytime Phone #