

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000024265

1. Entity Name
AMISH PROPERTIES, L.L.C.



Principal Place of Business
**4000 CATTLEMAN ROAD
SARASOTA, FL 34233**

Mailing Address
**2736 GULFGATE DRIVE
SARASOTA, FL 34231**



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2485915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TINGIRIDES, STAVROS ESQ
804 N. BELCHER ROAD, STE. 100
CLEARWATER, FL 33765**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MENIHTAS, JOHN
750 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
VAYIAS, TOMMY
2736 GULFGATE DRIVE
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

1100000617697
02/07/07-80085-012 50.00

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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: X

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

Tommy VAYIAS 1/19/07 (941) 342-1649

Date

Daytime Phone #