

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90112 016 ****50.00

DOCUMENT # L05000024342

1. Entity Name
DEVOS BROTHERS INVESTMENTS, LLC



Principal Place of Business
**1666 VILLAGE GREEN DRIVE
UNIT 1
PORT ST. LUCIE, FL 34952**

Mailing Address
**1666 VILLAGE GREEN DRIVE
UNIT 1
PORT ST. LUCIE, FL 34952**

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

3. Mailing Address

203 Olive Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-LLC

CR2E083 (12/06)

City & State

City & State
Port St Lucie FL

4. FEI Number
20-3071998

Applied For

Not Applicable

Zip

Country

Zip

34952

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEVOS, KARL J
1666 VILLAGE GREEN DRIVE
UNIT 1
PORT ST. LUCIE, FL 34952**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEVOS, KEVIN J
1666 VILLAGE GREEN DRIVE, UNIT 1
PORT ST. LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**203 Olive Ave
Port St Lucie, FL 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEVOS, KARL J
1666 VILLAGE GREEN DRIVE, UNIT 1
PORT ST. LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**203 Olive Ave
Port St Lucie, FL 34952** ☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

Kevin Devos **4/23/07** **772-370-0470**