


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 018 ****50.00

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|---|---|--|--|---|--|
| DOCUMENT # L05000032562 | | | |  | |
| 1. Entity Name BELMOR, LLC | | | | | |
| Principal Place of Business 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | | | Mailing Address 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01032006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 20-2611926 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SAHAGIAN, SANDRA M 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | | | 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 <u>Sandra Sahagian</u> | | <u>Sandra Sahagian</u> | | 3-5-06 | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAHAGIAN, SANDRA M 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SAHAGIAN, SANDRA M 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAHAGIAN, JOHN E JR 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAHAGIAN, JOHN E JR 4844 INVERNESS CT, #105 PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | | |
| 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: <u>Sandra Sahagian</u> | | <u>Sandra Sahagian</u> | | 3-5-06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | 727-723-1360 | |