

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051365

1. Entity Name
COREY HOLDINGS, LLC



Principal Place of Business

1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411

Mailing Address

1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411



04272007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2925570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTIER, JACQUELINE
1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411

**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 MGR
NAME CHOQUETTE, COLLEEN
STREET ADDRESS 1128 ROYAL PALM BEACH BLVD., #282
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE MGR
NAME CHOQUETTE, JOHN
STREET ADDRESS 1128 ROYAL PALM BEACH BLVD., #282
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE MGR
NAME CARTIER, JACQUELINE
STREET ADDRESS 1128 ROYAL PALM BEACH BLVD., #282
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000743835
05/15/07-80124-021 50.00

**DO NOT WRITE
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:

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

Date

Daytime Phone #