

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 025 ****50.00

DOCUMENT # L05000053219

1. Entity Name

1756 CENTRAL LLC



Principal Place of Business

1756 CENTRAL AVENUE
ST. PETERSBURG FL 33712

Mailing Address

1756 CENTRAL AVENUE
ST. PETERSBURG FL 33712

2. Principal Place of Business

16 18TH ST. S.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 10265

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/05)

City & State

ST. PETERSBURG, FL

Zip

33712

Country

US

City & State

ST. PETERSBURG, FL

Zip

33733

Country

US

4. FEI Number

42-1670989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUFFINGTON, LINDA T
1756 CENTRAL AVENUE
ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

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

16 18TH ST. S.

City

ST. PETERSBURG

FL

Zip Code

33712

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

Linda T. Buffington LINDA T. BUFFINGTON

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

(NOTE: Registered Agent signature required when reinstating)

4/24/06

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUFFINGTON, LINDA T
7300 SUNSHINE SKYWAY LANE S. #206
ST. PETERSBURG FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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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:

Linda T. Buffington LINDA T. BUFFINGTON

4/24/06

727 823-9248

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

Date

Daytime Phone #