

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:51

DOCUMENT # L05000055490

1. Entity Name

SEFFNER PROPERTIES, L.L.C.



Principal Place of Business

3120 EAST STATE ROAD 60
VALRICO FL 33594

Mailing Address

3120 EAST STATE ROAD 60
VALRICO FL 33594

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~87-0779040~~ **87-0779040**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAHEEN, L. JOSEPH JR
401 EAST JACKSON STREET, SUITE 2400
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 re-statuting)

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 **PRESIDENT** ☐ Delete
NAME **LEROY GONZALEZ JR**
STREET ADDRESS **3120 E. ST. RD 60**
CITY - ST - ZIP **VALRICO, FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME **500079338445**
STREET ADDRESS **08/31/06--01047--002 **55.00**
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
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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:

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

3/9/06 **813-681-1646**

Date

Daytime Phone #