

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057204

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: LAKE PLACID ESTATES, LLC

**Current Principal Place of Business:**

779 REGAL COVE ROAD  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

779 REGAL COVE ROAD  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 56-2518544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VARUGHESE, GEORGY  
779 REGAL COVE ROAD  
WESTON, FL 33327      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VARUGHESE, GEORGY  
Address: 779 REGAL COVE ROAD  
City-St-Zip: WESTON, FL 33327

Title: MGRM      ( ) Delete  
Name: MATHEW, SOLOMON  
Address: 19159 SOUTH HIBISCUS STREET  
City-St-Zip: WESTON, FL 33332

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGY VARUGHESE

MGRM

06/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date