

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-18-2007 90019 023 ****50.00

DOCUMENT # L05000058022

1. Entity Name
SOUTH DAYTONA MEDICAL BUILDING, LLC



Principal Place of Business
**401 VENTURA DRIVE, UNIT C
SOUTH DAYTONA, FL 32119**

Mailing Address
**401 VENTURA DRIVE, UNIT C
SOUTH DAYTONA, FL 32119**

2. Principal Place of Business - No P.O. Box #
1242 W. Portillo Dr.

3. Mailing Address
1242 W. Portillo Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State
Deltona, FL

City & State
Deltona, FL

4. FEI Number
20-3020436

Applied For
Not Applicable

Zip
32725

Country
US

Zip
32725

Country
US

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRACEY, MARK
401 VENTURE DRIVE, UNIT C
SOUTH DAYTONA, FL 32119**

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 registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Partner
GUERRINA, JOHN E MR.
5106 MAJESTIC WOODS PLACE
SANFORD, FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Partner
Mark Tracey
1242 W. Portillo Dr.
Deltona, FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 606, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-07 (386) 507-2005
Date Daytime Phone #