

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90421 016 ****50.00

DOCUMENT # L05000059498					
1. Entity Name LONGWOOD CHEVRON, LLC					
Principal Place of Business 101 WEST HWY 434 LONGWOOD, FL 32750 US			Mailing Address 101 WEST HWY 434 LONGWOOD, FL 32750 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 02142006 Chg-LLC CR2E083 (11/05)					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					
YAGHI, ABDULLA 1004 SHERRYWOOD ST. CASSELBERRY, FL 32730					
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 fee if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
Filing Fee is \$50.00 Due by May 1, 2008					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Delete YAGHI, ABDULLA 1004 SHERRYWOOD ST. CASSELBERRY, FL 32730				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ☐ Delete KHODEIR, AHMED G 1004 SHERRYWOOD ST. CASSELBERRY, FL 32730				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Delete LANCHIPA, OLGA 498 W. MAIN STREET ROCKAWAY, NJ 07866				
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 NAME STREET ADDRESS 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 608, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 2/20/06					
Daytime Phone #					