

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90050 026 \*\*\*\*50.00

**DOCUMENT # L05000061653**

1. Entity Name  
**MARIGOLD OF ORANGE CITY, LLC**



Principal Place of Business  
**803 SHRIVER CIRCLE  
LAKE MARY, FL 32746**

Mailing Address  
**803 SHRIVER CIRCLE  
LAKE MARY, FL 32746**

2. Principal Place of Business  
**963 Town Center Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**241 Live Oak Ln**  
Suite, Apt. #, etc.



01242006 Chg-LLC CR2E083 (11/05)

City & State  
**Orange City, FL**  
Zip **32763** Country **USA**

City & State  
**Altamonte Springs, FL**  
Zip **32714** Country **USA**

4. FEI Number  
**01-08 43 968**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BERMAN, JED  
180 S. KNOWLES AVE.  
WINTER PARK, FL 32789**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **SHAH, SARITA**  
CITY-ST-ZIP **803 SHRIVER CIRCLE  
LAKE MARY, FL 32746**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **241 Live Oak Lane** Address Only  
CITY-ST-ZIP **Altamonte Springs, FL 32714**

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

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

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

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:** Sarita Shah / Sarita Shah 4/10/2006 407-221-0595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #