

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90050 025 ****50.00

DOCUMENT # L05000061655

1. Entity Name
AZALEA OF LAKE MARY, 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

1301 S. International Pkwy

Suite, Apt. #, etc.

3. Mailing Address

241 Live Oak Lane

Suite, Apt. #, etc.



01242006 Chg-LLC CR2E083 (11/05)

City & State

Lake Mary, FL

Zip **32746**

Country **USA**

City & State

Altamonte Springs, FL

Zip **32714**

Country **USA**

4. FEI Number

01-0843972

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

Signature, typed or printed name of registered agent and title if applicable.

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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

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

4/10/2006 407-221-0595

Date

Daytime Phone #