

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90101 043 ***138.75

DOCUMENT # L05000062918

1. Entity Name
185 175TH AVENUE, LLC



Principal Place of Business
5584 RIO VISTA DR
CLEARWATER, FL 33760

Mailing Address
5584 RIO VISTA DR
CLEARWATER, FL 33760

50002932



2. Principal Place of Business - No P.O. Box #

19535 Gulf Blvd
Suite E

3. Mailing Address

19535 Gulf Blvd
Suite E

01292008 Chg-LLC CR2E083 (12/06)

City & State

Indian Shores, FL
Zip 33785 Country USA

City & State

Indian Shores, FL
Zip 33785 Country USA

4. FEI Number
20-3619558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GANNAWAY, GUY L
STREET ADDRESS 2340 STATE ROAD 580, SUITE W
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE MGRM ☐ Delete
NAME STALKER, MARK J
STREET ADDRESS 2340 STATE ROAD 580, SUITE W
CITY-ST-ZIP CLEARWATER, FL 33763

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
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

Guy Gannaway

4/17/08 (222) 726-2547