

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-19-2007 90061 001 ****50.00

DOCUMENT # L05000065482

1. Entity Name
LAREX PROPERTY GROUP, LLC



Principal Place of Business
**411 VANDERKLOOT DRIVE
OSPNEY, FL 34229**

Mailing Address
**411 VANDERKLOOT DRIVE
OSPNEY, FL 34229**

60003950

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

8620 S. TAMiami Trail

3. Mailing Address

8620 S. TAMiami Trail

Suite, Apt. #, etc.
Suite N-P

Suite, Apt. #, etc.
Suite N-P

City & State
Sarasota

City & State
Sarasota, FL

Zip
34238

Country
U.S.A.

Zip
34238

Country
U.S.A.

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3087293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Alessandro A. Giannini, D.D.S.**

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

8620 S. TAMiami Trail

Suite N-P

City **Sarasota**

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/10/07

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GIANNIN, ALESSANDRO A D.D.S.**
STREET ADDRESS **411 VANDERKLOOT DRIVE**
CITY-ST-ZIP **OSPNEY, FL 34229**

TITLE **MGR** ☐ Delete
NAME **BAUMAN, LAWRENCE**
STREET ADDRESS **4708 SWEET MEADOW DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34238**

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 **MGR** ☒ Change ☐ Addition
NAME **Alessandro A. Giannini, D.D.S.**
STREET ADDRESS **8620 South Tamiami Trail, Suite N-P.**
CITY-ST-ZIP **Sarasota, FL 34238**

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]

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

Date

1/10/07

Daytime Phone #