


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90147 016 ****50.00

DOCUMENT # L05000071094 1. Entity Name 1830 HIGH AVENUE, LLC					
Principal Place of Business 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637 US			Mailing Address 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637 US		
2. Principal Place of Business - No P.O. Box # <u>93 Delphi Road</u>		3. Mailing Address <u>93 Delphi Road</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Stafford Spgs, CT</u>		City & State <u>Stafford Spgs, CT</u>		4. FEI Number 20-3141341	
Zip <u>06076</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVALESKI, PETER J 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637			7. Name and Address of New Registered Agent Name <u>Rene Van Hout</u> Street Address (P.O. Box Number is Not Acceptable) <u>4837 Canterbury Drive</u> City <u>Land O' Lakes</u> FL Zip Code <u>34639</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/8/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOVALESKI, PETER J 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>93 Delphi Road</u> <u>Stafford Spgs, CT 06076</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u>			Date <u>1/4/07</u> 860-684-1511		

60004411



01042007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

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

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

9. MANAGING MEMBERS/MANAGERS

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SIGNATURE:

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

Date

Daytime Phone #