

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90152 019 *****55.00

DOCUMENT # L05000072386

1. Entity Name
SZYMBOO INVESTMENTS, LLC



Principal Place of Business
3548 TUSCANY RESERVE BLVD.
NEW SMYRNA BEACH, FL 32168

Mailing Address
1864 FOROUGH CIRCLE
PORT ORANGE, FL 32128

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

3. Mailing Address
3548 Tuscany Reserve Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Smyrna Beach, FL

Zip

Country

Zip

Country

32168

04032007 Chg-LLC CR2E083 (12/06)



4. FEI Number
20-3523272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOORITCH, JAMES F
3548 TUSCANY RESERVE BLVD.
NEW SMYRNA BEACH, FL 32168

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BOORITCH, JAMES
STREET ADDRESS 3548 TUSCANY RESERVE BLVD.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE MGRM ☐ Delete
NAME SZYMKOWIAK, WILLIAM
STREET ADDRESS 3548 TUSCANY RESERVE BLVD.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

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
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

4/8/07 (412) 779-3732