

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90141 015 \*\*\*\*50.00

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<b>DOCUMENT # L05000074246</b> 1. Entity Name <b>MARY PLIEGO &amp; ASSOCIATES REALTY, LLC</b>			
Principal Place of Business <b>310 GLEN BURNIE AVE. TEMPLE TERRACE, FL 33617</b>		Mailing Address <b>1615 N. RIVER HILLS DRIVE TEMPLE TERRACE, FL 33617</b>	
2. Principal Place of Business - No P.O. Box # <b>1615 N. RIVERHILLS DR.</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>TEMPLE TERRACE, FL</b>		City & State Suite, Apt. #, etc.	
Zip <b>33617</b>		Country <b>USA</b>	
4. FEI Number <b>20-3195710</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAMLING, MIKE 9205 CONNECHUSETTS ROAD TAMPA, FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PLIEGO, MARY 1615 N. RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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.			
<b>SIGNATURE:</b> <u>Mary Pliego, MARY PLIEGO MGR</u> <u>1-25-2007</u> <u>813 334-7185</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			