

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90056 018 \*\*\*\*\*55.00

DOCUMENT # L05000075213

1. Entity Name

DAVID SCHWARTZ, LLC



Principal Place of Business

1753 CATTLEMEN ROAD  
SARASOTA FL 34232  
US

Mailing Address

3050 IRVING STREET  
SARASOTA FL 34237  
US



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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-3236595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, DAVID E  
3050 IRVING STREET  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

David Schwartz LLC

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

2944 Wood St

City

Sarasota

FL

Zip Code

34237

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

*David Schwartz*

Signature, typed or printed name of registered agent and title # Applicable

(NOT: Registered Agent signature required when reappointing)

DATE

1-20-07

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP  
MGRM SCHWARTZ, DAVID E 3050 IRVING STREET SARASOTA FL 34237 ☒ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP ☒ Change ☐ Addition  
MGRM Schwartz, David E 2944 Wood St Sarasota FL 34237

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*David Schwartz*

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

1-20-07

Date

765-545-0727

Daytime Phone #