

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000082587

1. Entity Name
LAT-CON, LLC



Principal Place of Business
505 SOUTH FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401



03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3348249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 SOUTH FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S FLAGLER DR. STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME JOHNSON, JR, RICHARD S
STREET ADDRESS 505 S FLAGLER DR., STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME KOENIG, PATRICK C
STREET ADDRESS 505 S. FLAGLER DR., STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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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:

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

Date

Daytime Phone #