

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 037 ****50.00

DOCUMENT # L05000087351

1. Entity Name

49 AEGEAN AVENUE, LLC



Principal Place of Business

101 ADALIA AVENUE
TAMPA FL 33601

Mailing Address

101 ADALIA AVENUE
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

329 Columbia Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

06-1786115

Applied For

Not Applicable

Zip

Country

Zip

Country

33606

Hillsborough

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN S
1245 COURT STREET STE 102
CLEARWATER FL 33756

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS Clay McElmurray
CITY - ST - ZIP 329 Columbia Dr.
Tampa, FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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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:

Clay McElmurray

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

7/22/06

813-417-5554

Date

Daytime Phone #