

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90028 018 ***138.75

DOCUMENT # L05000088876

1. Entity Name
LAKESIDE STATION, LLC



Principal Place of Business

**3658 ERINDALE DR
VALRICO, FL 33594**

Mailing Address

**3658 ERINDALE DR
VALRICO, FL 33594**

60006062



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3455360

Applied For
Not Applicable

Zip

33596

Country

Zip

33596

Country

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

6. Name and Address of Current Registered Agent

**HASBINI, ALI
3658 ERINDALE SR
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **GAIL M POPOVICH**

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

3658 ERINDALE DR

City

VALRICO

FL

Zip Code **33596**

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

Ali Hasbini

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HASBINI, ALI**
STREET ADDRESS **3658 ERINDALE DR**
CITY-ST-ZIP **VALRICO, FL 33594**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **VALRICO FL 33596**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

ALI HASBINI

1/22/08

813-681-8419

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

Date

Daytime Phone #