

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000098005

1. Entity Name
NEXT GENERATION OF FLORIDA, L.L.C.



Principal Place of Business
ONE TAMPA CITY CENTER
SUITE 2600
TAMPA, FL 33602 US

Mailing Address
ONE TAMPA CITY CENTER
SUITE 2600
TAMPA, FL 33602 US



04042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3621537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J JR.
ONE TAMPA CITY CENTER, SUITE 2600
WILLIAMS SCHIFINO MANGIONE & STEADY
TAMPA, FL 33602

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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 D
NAME SCHIFINO, WILLIAM J JR.
STREET ADDRESS ONE TAMPA CITY CENTER, STE. 2600
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME GONZALEZ, RAY
STREET ADDRESS 533 SOUTH HOWARD AVE., UNIT 8-26
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME DOLATOWSKI, ROBERT
STREET ADDRESS 5849 DASHER COURT
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE CEO
NAME GONZALEZ, RAY
STREET ADDRESS 533 SOUTH HOWARD AVE., UNIT 8-26
CITY-ST-ZIP TAMPA, FL 33609

TITLE P
NAME DOLATOWSKI, ROBERT
STREET ADDRESS 5849 DASHER COURT
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE S,T
NAME SCHIFINO, DAVID M
STREET ADDRESS 533 SOUTH HOWARD AVE., UNIT 8-26
CITY-ST-ZIP TAMPA, FL 33609

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04/17/07-80003-001 50.00

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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 #