

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90029 034 \*\*\*\*50.00

DOCUMENT # L05000098776



1. Entity Name

TRUANT DEVELOPMENT, LLC

Principal Place of Business

1515 OLD KINGS RD.  
HOLLY HILL FL 32117

Mailing Address

1515 OLD KINGS RD.  
HOLLY HILL FL 32117



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

911 Beville Rd

Suite, Apt. #, etc.

Building D

City & State

Daytona Beach, Florida

Zip

32119

Country

Volusia

3. Mailing Address

911 Beville Rd

Suite, Apt. #, etc.

Building D

City & State

Daytona Beach, FL

Zip

32119

Country

Volusia

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3601634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSHUA, ANTOS  
25 HUMMING BIRD LANE  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Antos, Joshua

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

City

112 Heritage Circle

Ormond Beach

FL

Zip Code

32174

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 registering)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

|                                                    |                                                                            |                                 |
|----------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ANTOS, JOSHUA<br>25 HUMMING BIRD LANE<br>ORMOND BEACH FL 32174     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>TRUDEL, ANGELO L<br>321 GULL DRIVE SOUTH<br>DAYTONA BEACH FL 32119 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ANTOS, DORIS<br>25 HUMMING BIRD LANE<br>ORMOND BEACH FL 32174      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|                                                    |                                                                        |                                                                              |
|----------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>Antos, Joshua<br>112 Heritage Circle<br>Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>Antos, Doris<br>112 Heritage Circle<br>Ormond Beach, FL 32174  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

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

4/26/07 386-239-7615  
Date Daytime Phone #