

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90216 024 ****50.00

DOCUMENT # L05000099050

1. Entity Name
EMPIRE DEVELOPMENT, LLC



Principal Place of Business
5223 HUNTERS RIDGE DRIVE
NEW PORT RICHEY, FL 34655

Mailing Address
5223 HUNTERS RIDGE DRIVE
NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3598877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, DARREN
5223 HUNTERS RIDGE DRIVE
NEW PORT RICHEY, FL 34655

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COOPER, LEIGH R
5223 HUNTERS RIDGE DR.
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COOPER, DARREN
5223 HUNTERS RIDGE DR.
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
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:

Leigh R. Cooper

2/3/07

(727) 375-9008

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

Date

Daytime Phone #