

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90099 008 ***138.75

DOCUMENT # L05000100034

1. Entity Name
115 174TH TERRACE, LLC



Principal Place of Business
5584 RIO VISTA DR
CLEARWATER, FL 33760

Mailing Address
5584 RIO VISTA DR
CLEARWATER, FL 33760

50002819



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

3. Mailing Address

19535 Gulf Blvd

19535 Gulf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

Suite E

City & State

City & State

Indian Shores, FL

Indian Shores, FL

Zip
33785

Country
USA

Zip
33785

Country
USA

04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3948395

Applied For
Not Applicable

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

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVE., SUITE 202
ST. PETERSBURG, FL 33710

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GANNAWAY, GUY L
2340 STATE ROAD 580, SUITE W
CLEARWATER, FL 33763 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STALKER, MARK J
2340 STATE ROAD 580, SUITE W
CLEARWATER, FL 33763 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/08

(727) 726-2547