

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90010 045 ****50.00

DOCUMENT # L05000101114

1. Entity Name
SUSAN HERNANDEZ TRUST, LLC



Principal Place of Business
**530 EAST CENTRAL BOULEVARD
#1601
ORLANDO, FL 32801 US**

Mailing Address
**530 EAST CENTRAL BOULEVARD
#1601
ORLANDO, FL 32801 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number

01-0846133

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

**CAPUANO, GARY
530 EAST CENTRAL BOULEVARD
#1601
ORLANDO, FL 32801**

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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAPUANO, GARY
530 EAST CENTRAL BOULEVARD, #1601
ORLANDO, FL 32801** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HERNANDEZ, SUSAN
827 TOURNAMENT ROAD
PONTE VEDRA BEACH, FL 32082** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 #

3/28/06



ATTACHMENT
20024556
Division of Corporations

Annual Report

Annual Report Help

Document Number

L05000101114

Business Entity Name

SUSAN HERNANDEZ TRUST, LLC

FEI Number

01-0846133

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address

530 EAST CENTRAL BOULEVARD

Suite, Apt. #, etc.

#1601

City, State

ORLANDO, **FL**

Zip Code & Country

32801 **US**

Mailing Address

Address

530 EAST CENTRAL BOULEVARD

Suite, Apt. #, etc.

#1601

City, State

ORLANDO, **FL**

Zip Code & Country

32801 **US**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

CAPUANO, **GARY**

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

530 EAST CENTRAL BOULEVARD

Suite, Apt. #, etc.

#1601

City, State

ORLANDO, **FL**

Zip Code & Country

32801 **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

20029556

L050001011H

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title MGR
Name (Last, First, Middle, Title) CAPUANO, GARY, .

- OR -

Entity Name to serve as MGR or MGRM

Street Address 530 EAST CENTRAL BOULEVARD, #1601
City, State ORLANDO, FL
Zip Code & Country 32801 US

Title MGR
Name (Last, First, Middle, Title) HERNANDEZ, SUSAN, .

- OR -

Entity Name to serve as MGR or MGRM

Street Address 827 TOURNAMENT ROAD
City, State PONTE VEDRA BEACH, FL
Zip Code & Country 32082 US

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address
City, State
Zip Code & Country

ATTACHMENT 20024556

Title

L05000101114

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature

MGR

SUSAN HERNANDEZ

The individual "signing" this document affirms that the facts stated herein are true.