

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90025 004 ****50.00

DOCUMENT # L05000114982

1. Entity Name
FLORIDA-VEST, LLC



Principal Place of Business
C/O PATRICK J. GRIFFIN
2094 PINEVIEW COURT
MARILLA, NY 14102

Mailing Address
C/O PATRICK J. GRIFFIN
2094 PINEVIEW COURT
MARILLA, NY 14102



2. Principal Place of Business

Russell J. Gullo
Suite, Apt. #, etc.
3865 Seneca Street
City & State

3. Mailing Address

Russell J. Gullo
Suite, Apt. #, etc.
3865 Seneca Street
City & State

02092006

Chg-LLC

CR2E083 (11/05)

West Seneca, N. Y.

West Seneca, N. Y.

Zip Country
14224 USA

Zip Country
14224 USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DISCHNER, MICHAEL J
810 CENTERBROOK DRIVE
BRANDON, FL 33511

7. Name and Address of New Registered Agent

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GRIFFIN, PATRICK J ☒ Delete
2094 PINEVIEW COURT
MARILLA, NY 14102

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Gullo, Russell J. ☐ Delete
3865 Seneca Street
West Seneca, N.y. 14224 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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 #

4/21/06 903-9011