

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-09-2007 90350 030 \*\*\*\*50.00

**DOCUMENT # L05000116776**

1. Entity Name  
NIEZGODA PROPERTIES, LLC



Principal Place of Business

1700 FLAMINGO DRIVE  
ORLANDO, FL 32803

Mailing Address

1700 FLAMINGO DRIVE  
ORLANDO, FL 32803



03122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3894598

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIEZGODA, CONSTANCE  
1700 FLAMINGO DRIVE  
ORLANDO, FL 32803

**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 reconstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME NIEZGODA, CONSTANCE  
STREET ADDRESS 1700 FLAMINGO DR  
CITY- ST- ZIP ORLANDO, FL 32803

TITLE P  
NAME NIEZGODA, SALLY  
STREET ADDRESS RT 2 BOX 403  
CITY- ST- ZIP SHINNSTON, WV 26431

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Constance Niezgoda*

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

*28 Mar. 2007 407-341-5114*

Date

Daytime Phone #