

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-08-2006 90043 037 ****55.00

DOCUMENT # L05000117643

1. Entity Name

BESSIE'S SAMPLE ROAD, L.L.C.



Principal Place of Business
9497 N.W. 3RD STREET
CORAL SPRINGS FL 33071

Mailing Address
9497 N.W. 3RD STREET
CORAL SPRINGS FL 33071

30004431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

26-8368093

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBIDIS, BESSIE
9497 N.W. 3RD STREET
CORAL SPRINGS FL 33071

DEPARTMENT OF STATE
ONLY

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LAMBIDIS, BESSIE
9497 N.W. 3RD STREET
CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

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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 Section 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: *Bessie Lambidis*

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

02-18-06

Date

(954) 345-1188

Daytime Phone #