## 2007 LIMITED LIABILITY COMPANY

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000003925** 04-30-2007 90072 029 \*\*\*\*50.00 1. Entity Name TONY ANDERSON, LLC Principal Place of Business Mailing Address 6004479g 2560 E. HIGHWAY 50, SUITE 103 2560 E. HIGHWAY 50, SUITE 103 CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-4061135 Not Applicable Žip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERA, DOLORES Street Address (P.O. Box Number is Not Acceptable) 2560 E. HIGHWAY 50, SUITE 103 CLERMONT, FL 34711 City 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME ANDERSON ANTONYS NAME STREET ADDRESS 2560 E. HIGHWAY 50, SUITE 103 STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition RIVERA, DLOROES M NAME NAME STREET ADDRESS 126 FLAME VINE WAY STREET ADDRESS CITY - ST - ZIP GROVELAND, FL 34736 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

11. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Change

Addition

FILED