

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Sep 13, 2007 8:00 am
Secretary of State

08-02-2007 90031 012 ****50.00

DOCUMENT # L06000004397

1. Entity Name
501 WHIPPOORWILL, LLC



Principal Place of Business
11924 FOREST HILL BLVD.
SUITE 22 # 174
WELLINGTON, FL 33414

Mailing Address
11924 FOREST HILL BLVD.
SUITE 22 # 174
WELLINGTON, FL 33414

30012865



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07302007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4183632

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

TARNO, MIRIAM
11924 FOREST HILL BLVD.
SUITE 22 # 174
WELLINGTON, FL 33414

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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TARNO, MIRIAM
11924 FOREST HILL BLVD., STE. 22 #174
WELLINGTON, FL 33414 ☐ Delete

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

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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:

Miriam Tarno

7/31/07

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

Date

Daytime Phone #