2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
03-16-2007 90156 042 ****50.00

DOCUMENT # L06000027409

1. Entity Name
ARCHITECTS FIVE, LLC

Principal Place of Business	Mailing Address
18 WASHINGTON STREET TOMS RIVER NJ 08753	PO BOX 141 TOMS RIVER NJ 08754

1st MOORE CR2E083 (10/06)

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

4. FEI Number 20-1449412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

~~6. Name and Address of Current Registered Agent~~

YEZZI, MASSIMO F JR
450 COUNTRY WOOD CIRCLE
LAKE MARY FL 32746

~~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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEZZI, MASSIMO F JR 18 WASHINGTON STREET TOMS RIVER NJ 08753	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: [signature] 1/29/07 732-240-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

3000 4378

ARCHITECTS FIVE, L.L.C.

ARCHITECTURE - PLANNING - INTERIOR DESIGN - MANAGEMENT

☐ 18 Washington Street P.O. Box 141
Toms River, New Jersey 08754
Phone: 732-240-3433 / Fax: 732-240-3463

☐ 124 Main Street
Newton, New Jersey 07860
Phone: 973-383-5550 / Fax: 973-383-1360

LETTER OF TRANSMITTAL

To:	Date:	Job No.:
DIVISION OF CORPORATIONS P.O. BOX 6478 TALLAHASSEE, FLORIDA 32314	4/5/2007	
	Re: REF. NO. L06000027409	

WE ARE SENDING YOU: X Attached ____ Under separate cover via ____ the following items

____ Shop Drawings ____ Prints ____ Specificatons ____ Samples

____ Copy of Letter ____ Change Order X Other

Copies	Date	Number	Description
1			ANNUAL REPORT/UNIFORM BUSINESS REPORT, COMPLETED.

THESE ARE TRANSMITTED as checked below:

____ For approval ____ Approved as submitted ____ Resubmit ____ Copies for approval

____ For your use ____ Approved as noted ____ Submit ____ Copies for distribution

X As requested ____ Returned for corrections ____ Returned ____ Corrected Prints

____ For review & comment ____ Other

____ FOR BIDS DUE/DATE: ____ PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO file SIGNED MASSIMO F. YEZZI, JR.

If enclosures are not as noted, please notify us at once