

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90261 047 ****50.00

DOCUMENT # L06000027736

1. Entity Name
CONWAY'S RETAIL PLAZA, LLC



Principal Place of Business
**210 WEST MAIN STREET
LEESBURG, FL 34748**

Mailing Address
**210 WEST MAIN STREET
LEESBURG, FL 34748**

60048254

2. Principal Place of Business - No P.O. Box #
8425 US HWY 441

3. Mailing Address
8425 US HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State
LEESBURG, FL

City & State
LEESBURG, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
34788

Country
USA

Zip
34788

Country
USA

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

6. Name and Address of Current Registered Agent

**DECUBELLIS, MEEKS & UNACAPHER, P.A.
837 NORTH GARLAND AVENUE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
CONWAY, DAVID M

Street Address (P.O. Box Number is Not Acceptable)

8425 US HWY 441

City
LEESBURG

FL

Zip Code
34788

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

✓ 4/28/07

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CONWAY, DAVID M
210 WEST MAIN STREET
LEESBURG, FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CONWAY, DAVID M
8425 US HWY 441
LEESBURG, FL 34788** ☒ Change ☐ Addition

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

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

✓ 4/28/07