

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/7/2007-90045-032 \$50.00 \$50.00

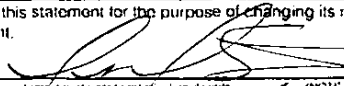
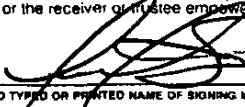
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E083 (4/07)

DOCUMENT # L06000034995																																							
1. Entity Name ISRAEL SANTOS JR LLC																																							
Principal Place of Business 111 SW 56 TERRACE CAPE CORAL FL 33914		Mailing Address 111 SW 56 TERRACE CAPE CORAL FL 33914																																					
2. Principal Place of Business - No P.O. Box # 2437 SW 25 ST		3. Mailing Address P.O. BOX 152584																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL																																					
Zip 33915	Country Lee	Zip 33915	Country Lee																																				
4. FEI Number 14-1956523		Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent SANTOS, ISRAEL JR. 111 SW 56 TERRACE CAPE CORAL FL 33914		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  DATE 11-4-07 Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when re-registering)																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007																																							
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																					
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REINSTATEMENT 07																																							
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:  DATE 10-8-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																							