2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/7/2007-90045-034-$50.00 $50.00

FILED

2007 NOV 27 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE CR2E083 (4/07)

DOCUMENT # L06000034995

1. Entity Name

ISRAEL SANTOS JR LLC

Principal Place of Business	Mailing Address
111 SW 56 TERRACE CAPE CORAL FL 33914	111 SW 56 TERRACE CAPE CORAL FL 33914

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2437 SW 35 ST		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 ______________________ 11-4-07
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 September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTOS, ISRAEL JR.		NAME	
STREET ADDRESS	111 SW 56 TERRACE		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	REINSTATEMENT 07
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________ 10-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #