

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 005 ****50.00

DOCUMENT # L06000038111

1. Entity Name

CYPRESS BEND ESTATES, LLC



Principal Place of Business

Mailing Address

208 WEST CAROLINA STREET
TALLAHASSEE FL 32302

P.O. BOX 10768
TALLAHASSEE FL 32302



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

12487 Meridian Rd.

3. Mailing Address

12487 Meridian Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TALLAHASSEE, FL

TALLAHASSEE, FL.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-5352024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

32312

Lein

32312

Lein

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNE, MALLORY E
208 WEST CAROLINA STREET
TALLAHASSEE FL 32302

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					MGRM	MALLORY E. HORNE	12487 MERIDIAN RD.	TALLAHASSEE, FL 32312		

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

Date

Daytime Phone #

850-893-2622

4-30-07

ATTACHMENT

40100250

#060003811

MADDOX HORNE

Law Firm

RE: Annual Report
F.E. # 535 2024
CYPRES BOND Estates

I'm sorry.
I stupidly left the check out
when filing my report.
I enclose it now with
a copy of the application. If
there is a penalty, send it
along.

Respectfully
Maddox Horne