

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90009 007 ****50.00

DOCUMENT # L06000042936

1. Entity Name
GEORGE VOUVAKIS, L.L.C.



Principal Place of Business
**2900 NORTH ATLANTIC AVE., UNIT 503
DAYTONA BEACH, FL 32118**

Mailing Address
**2900 NORTH ATLANTIC AVE., UNIT 503
DAYTONA BEACH, FL 32118**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

4. FEI Number
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**VOUVAKIS, FRANCES
2900 NORTH ATLANTIC AVE., UNIT 503
DAYTONA BEACH, FL 32118**

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 _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VOUVAKIS, GEORGE**
STREET ADDRESS **2900 NORTH ATLANTIC AVE., UNIT 503**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **GEORGE VOUVAKIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/07 386 671 7663
Date Daytime Phone #