

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 23 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



04232007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

TRAN, LISA
255 AYERS CT.
TALLAHASSEE, FL 32305

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 reinstating) DATE _____

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

BK

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TRAN, LISA	
STREET ADDRESS	255 AYERS CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TRAN, DAVID	
STREET ADDRESS	255 AYERS CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TRAN, SAMANTHA	
STREET ADDRESS	255 AYERS CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NGYEN, HAI	
STREET ADDRESS	255 AYERS CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.23.07 - (850) 566-1819.

Date Daytime Phone #