

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90049 004 ****55.00

DOCUMENT # L06000060643

1. Entity Name
MONICA VUJISIC PROPERTIES, LLC



Principal Place of Business
3090 AUBURN BLVD.
PORT CHARLOTTE, FL 33948

Mailing Address
3090 AUBURN BLVD.
PORT CHARLOTTE, FL 33948

60005447



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

17940 Toledo Blade

Suite, Apt. #, etc.

Unit C

City & State

Port Charlotte, FL

Zip

33948

Country

USA

3. Mailing Address

17940 Toledo Blade

Suite, Apt. #, etc.

Unit C

City & State

Port Charlotte, FL

Zip

33948

Country

USA

01162007

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

VUJISIC, MONICA
3090 AUBURN BLVD.
PORT CHARLOTTE, FL 33948

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

Monica Vujisic Monica Vujisic

1-17-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME VUJISIC, MONICA
STREET ADDRESS 3090 AUBURN BLVD.
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ 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:

Monica Vujisic Monica Vujisic

1-17-07 941-258-3300

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

Date

Daytime Phone #