

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90135 015 ****50.00

20005912



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5059985** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

BIRAN C HERNDON PA
795 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name **Biran C. Herndon PA**

Street Address (P.O. Box Number is Not Acceptable)

8418 S US Highway 1

City **Port St. Lucie**

FL **34952**

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 **B**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/07

**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 **WEST, CM**
STREET ADDRESS **1173 SW GAFFNEY AVE**
CITY - ST - ZIP **PORT ST LUCIE, FL 34953**

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

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

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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: **C. M. West** **CYNTHIA M. WEST** **02.02.07** **7727085123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #