

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90047 005 ****50.00

DOCUMENT # L06000065557 1. Entity Name MIRAGE456BK, LLC					
Principal Place of Business 101 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952			Mailing Address 101 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5121119	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLER, BARBARA 101 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952			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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM KELLER, BARBARA 101 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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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: <u>BO [Signature]</u>			Date <u>8/9/07</u>		Daytime Phone # <u>321394-7701</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60054710



08102007 Chg-LLC CR2E083 (12/06)

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

Name

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

City

FL

Zip Code

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Due by September 14, 2007**

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

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**MGRM
KELLER, BARBARA
101 S. COURTENAY PARKWAY
MERRITT ISLAND, FL 32952**

☐ Delete

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CITY ST ZIP

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Date

Daytime Phone #