

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000067547

1. Entity Name

EMPLOYEE HOUSING CONNECTION OF FLORIDA, LLC



FILED

07 NOV 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8922 STONE RIDGE DRIVE
WARREN OH 44484
US

Mailing Address
8922 STONE RIDGE DRIVE
WARREN OH 44484
US

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

2261 Iris Way

Suite, Apt. #, etc.

Fort Myers, FL

Zip
33905

Country

3. Mailing Address

P.O. 39

Suite, Apt. #, etc.

Fort Myers, FL

Zip
33901

Country

2nd MOORE

CR2E083 (4/07)

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

ANDERSON, DONALD D
2261 IRIS WAY
FORT MYERS FL 33905

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

Donald D. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TRUST OF DONALD D. ANDERSON
STREET ADDRESS 8922 STONE RIDGE DRIVE
CITY-ST-ZIP WARREN OH 44484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300111195983
CITY-ST-ZIP 10/23/07--01023--014 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300111195983
CITY-ST-ZIP 11/27/07--01012--004 **150.00

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

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

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

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:

Donald D. Anderson

DONALD D. ANDERSON

10-1-07 330-2193097

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

Date

Daytime Phone #

REINSTATEMENT