

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90071 046 ***138.75

DOCUMENT # L06000069754

1. Entity Name

SPANISH VILLAS, LLC



Principal Place of Business

17 GREENVALE DRIVE
ORMOND BEACH FL 32174

Mailing Address

17 GREENVALE DRIVE
ORMOND BEACH FL 32174

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

9 INDIAN SPRINGS DR

3. Mailing Address

9 INDIAN SPRINGS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

4. FEI Number

75-3219438

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEDERSEN, MICKY
17 GREENVALE DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

MICKY PEDERSEN

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

9 INDIAN SPRINGS DR

City

ORMOND BEACH

FL

Zip Code

32174

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

Micky Pedersen

MICKY PEDERSEN

2-6-08

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

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	PEDERSEN, MICKY	
STREET ADDRESS	17 GREENVALE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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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 Section 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:

Micky Pedersen

MICKY PEDERSEN

2-6-08

386-383-9700

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

DATE

Daytime Phone #