2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L06000079624 1. Entity Name LAGUNA LAKES 3746, LLC						01-16-20	07 9005	4 008 **	***50.00
Principal Place of Business Mailing Address 11593 SOUTH BREEZE PLACE 11593 SOUTH BREEZE PLACE 11593 SOUTH BREEZE PLACE 123.67									
WELLINGTON, FL 33467 US WELLINGTON, FL 33467 U			67 US		L IN DELIGIO DE	PANA GINLERIA AKA JAM	 	1 1 (171 (181) (18	
2. Principal Place of Business - No P.O Box #		3. Mailing Address							
Suite, Apt. ≢, etc.		Suite, Apt. #, etc.		01042007	Chg-LLC		83 (12/06)		
City & State		City & State		4. FEI Numbe	"20-537	3102	Aç No	oplied For at Applicable	
Zip	Country	Zip	Country Country			of Status Desired	ر ب	\$5.00 Add Fee Require	
	6. Name and Address of Current R	tegistered Agent		Name	7. Name and	Address of New Ri	egistered A	gent	
KOSBERG	HARVEY		Ĺ.	(Valme					
KOSBERG, HARVEY 11593 BREEZE PLACE WELLINGTON, FL 33467				Street Address (P.O. Box Number is Not Acceptable)					
			-	City FL Zip Code					
The above named entity submits this statement for the purpose of changing its register				office or regist	tered agent, or bo	th, in the State of Flo		amiliar with	and accept
the obligati	ons of registered agent.	and barbone or over-any and	, regional 20	•	, 	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-SIGNATURE .	Signature, typed or printed name of registered agent as	no side il applicabili (NOTE	E. Pegistered A	gent signature requi	sea when reinstalling)		DATE		
	ling Fee is \$50.00 ue by May 1, 2007						check pa	ayable to ent of Stat	•
		RS/MANAGERS	10.				Departme	•	•
. Di	MANAGING MEMBER	RS/MANAGERS	TITLE			Fiorida	Departme	•	◆ Addition
9.	te by May 1, 2007	☐ Delete	TITLE NAME	ADORESS T-ZIP		Fiorida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM HARVEY KOSBERG 11593 SOUTH BREEZE PLACE	☐ Delete	TITLE MAME STREET	I		Fiorida	Departme	ent of State	
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11. I hereby certify that the Information supplied with this filling 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.