

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90354 037 \*\*\*\*50.00

**DOCUMENT # L06000083052**

1. Entity Name  
4422 WALBRIDGE LLC



Principal Place of Business

2002 CURRY FORD RD  
ORLANDO, FL 32806 US

Mailing Address

PO BOX 721587  
ORLANDO, FL 32872

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-545 7073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEMOINE, SORAYA  
2002 CURRY FORD RD  
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name **SORAYA LEMOINE**

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

**1208 TURRISI BLVD**

City **ORLANDO**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **MOLINA, JULIO**  
STREET ADDRESS **2002 CURRY FORD RD**  
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **VP** ☐ Delete  
NAME **LEMOINE, SORAYA**  
STREET ADDRESS **2002 CURRY FORD RD**  
CITY-ST-ZIP **ORLANDO, FL 32806**

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 **MOLINA JULIO**  
STREET ADDRESS **1820 AMBERLY AVE**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☒ Change ☐ Addition  
NAME **LEMOINE SORAYA**  
STREET ADDRESS **1208 TURRISI BLVD**  
CITY-ST-ZIP **ORLANDO, FL 32807**

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:**

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

Date

Daytime Phone #

4-30-07 67-228-4751