

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90358 018 ****50.00

DOCUMENT # L06000083065

1. Entity Name
4002 CABAN CT LLC



Principal Place of Business
2002 CURRY FORD RD
ORLANDO, FL 32806 US

Mailing Address
PO BOX 721587
ORLANDO, FL 32872 US

40100101



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

3. Mailing Address

04302007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-545 7023

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

LEMOINE, SORAYA
2002 CURRY FORD RD
ORLANDO, FL 32806

Name **SORAYA LEMOINE**

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

1208 TURRISI BLVD

City **ORLANDO**

FL

Zip Code **32807**

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

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME **MOLINA JULIO**
STREET ADDRESS **1620 AMBERLY AVE**
CITY-ST-ZIP **ORLANDO, FL 32822**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

4-30-07 407-228-4757