

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90357 004 ****50.00

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1. Entity Name
7360 WESTPOINT BLVD UNIT 132, LLC



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

Mailing Address
PO BOX 721587
ORLANDO, FL 32872 US

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
20-5455696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, JULIO
2002 CURRY FORD RD
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name Julio Molina

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

1820 AMBERLY AVE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE VP
NAME MOLINA JULIO
STREET ADDRESS 1820 AMBERLY AVE
CITY-ST-ZIP ORLANDO, FL 32822 ☒ Change ☐ Addition

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

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

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

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

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