

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-02-2007 90188 021 ****50.00

DOCUMENT # L06000089275

1. Entity Name

NEW LIFE REALTY LLC



Principal Place of Business

17648 HOLLY OAK AVENUE
FORT MYERS FL 33967

Mailing Address

17648 HOLLY OAK AVENUE
FORT MYERS FL 33967



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

1st MOORE

CR2E083 (10/06)

4. FEI Number

43-2115004

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

PANIK, PAUL
17648 HOLLY OAK AVENUE
FORT MYERS FL 33967

Name

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

City

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PANIK, PAUL
17648 HOLLY OAK AVENUE
FORT MYERS FL 33967 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PANIK, PHYLLIS
17648 HOLLY OAK AVENUE
FORT MYERS FL 33967 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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ASST
PANIK, PHYLLIS MRS
17648 HOLLY OAK AVE
FT. MYERS FL 33967 ☒ Delete

TITLE
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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: *Paul Panik* PAUL PANIK

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

02-21-07 239-857-6898

Date

Daytime Phone #