# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000093778** 

2531 EDGEWATER, LLC



**FILED** Apr 02, 2008 08:00 AN Secretary of State

Principal Place of Business

781 VIRGINIA DRIVE WINTER PARK, FL 32789 Mailing Address

√: 781 VİRGINIA DRIVE WINTER PARK, FL 32789



03312008 No Chg-LLC

CR2E083 (12/07)

|   | 4. FEI Number                    |                  | Applied For       |
|---|----------------------------------|------------------|-------------------|
| - | 20-5910406                       | <br>[            | Not Applicable    |
|   | 5. Certificate of Status Desired | \$5.00<br>Fee Re | Additional quired |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING, SAMUEL P. 781 VIRGINIA DRIVE WINTER PARK, FL 32789

#### DO NOT WRITE IN THIS SPACE

| 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, a | ind 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)

### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9.                                    | MANAGING MEMBERS/MANAGERS   |  |  |  |
|---------------------------------------|---|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>KING, SAMUEL P<br>781 VIRGINIA DRIVE<br>WINTER PARK, FL 32789    |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>KING, CATHERINE P<br>781 VIRGINIA DRIVE<br>WINTER PARK, FL 32789 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |  |

U00000878473 14/08-80056-012 138.75

#### DO NOT WRITE IN THIS SPACE

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 1 am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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|----|---|---|----|------|---|--|

SIGNATURE AND TEPED OR PRINTED NAME OF SIGNING MANAGING MEMBER! OR AUTHORIZED REPRESENTATIVE