## 2007 LIMITED LIABILITY COMPANY

## Feb 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** 02-27-2007 90080 038 \*\*\*\*50.00 **DOCUMENT # L06000096275** 1. Entity Name LIZ ROEHLK, LLC PUNTANPA Principal Place of Business Mailing Address 1591 DALE AVENUE 1591 DALE AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1615 Woodwar Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROEHIK, ELIZABETH T Street Address (P.O. Box Number is Not Acceptable) 1591 DALE AVENUE WINTER PARK, FL 32789 City Zip Code FL 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, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) و المراجع المراجع Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Managing Liz Kok Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Tim F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Defete TOTLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED ON PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**