

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000103377

1. Entity Name
UNITED 553, LLC



Principal Place of Business
**499 NORTH COURTENAY PKWY
MERRITT ISLAND, FL 32953**

Mailing Address
**499 NORTH COURTENAY PKWY
MERRITT ISLAND, FL 32953**



04042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUNDIN, GLENN T
335 SOUTH PLUMOSA STREET
STE A
MERRITT ISLAND, FL 32952**

**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, 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 \$138.75
After May 1, 2008 Fee will be \$538.75**

000000938839
05/28/08-80004-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR J & B DEVELOPMENT, LLC 499 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRIM, ROBERT J 499 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAREY, JAMES S 499 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MGMS DEVELOPMENT, LLC 748 EAST INTERNATIONAL SPEEDWAY DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POLLITT, SCOTT R 748 EAST INTERNATIONAL SPEEDWAY DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 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, OR AUTHORIZED REPRESENTATIVE

04/30/08

Date

321-459-0057

Daytime Phone #