

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000103997

1. Entity Name
DAVE KONKOL REALTY, LLC



FILED

2007 APR -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1000 NORTH MAITLAND AVE
STE A
MAITLAND, FL 32751

Mailing Address
1000 NORTH MAITLAND AVE
STE A
MAITLAND, FL 32751

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

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5783900

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

KONKOL, DAVID A
1000 NORTH MAITLAND AVE
STE A
MAITLAND, FL 32751

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.

David A. Konkol

3/28/07

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
KONKOL, DAVID A MANAGER
580 EAST GEORGE AVENUE
MAITLAND, FL 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
Suzanne Mix
14161 BRADBURY ROAD
ORLANDO FL 32828

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

David A. Konkol

3/28/07

Date

Daytime Phone #

407
5392938