


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90030 009 \*\*\*\*50.00

<b>DOCUMENT # L06000105569</b>	
1. Entity Name <b>SELL 4 LESS REALTY LLC</b>	

Principal Place of Business <b>11470 SE 44TH AVENUE BELLEVUE, FL 34420</b>	Mailing Address <b>11470 SE 44TH AVENUE BELLEVUE, FL 34420</b>
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2. Principal Place of Business - No P.O. Box # <b>11470 SE 44th Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>11470 SE 44th Ave</b> Suite, Apt. #, etc.
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City & State <b>Bellevue FL</b>	City & State <b>Bellevue FL</b>
Zip <b>34420</b>	Zip <b>34420</b>
Country <b>USA</b>	Country <b>USA</b>

04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>90-0290353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WERNER, ROBERT 11470 SE 44TH AVENUE BELLEVUE, FL 34420</b>	
7. Name and Address of New Registered Agent Name <b>Robert Werner</b> Street Address (P.O. Box Number is Not Acceptable) <b>11470 SE 44th Ave</b> City <b>Bellevue</b> FL Zip Code <b>34420</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WERNER, ROBERT PO BOX 903 BELLEVUE, FL 34421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/9/07 352-307-7999**

Date

Daytime Phone #