

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90152 034 ****50.00

DOCUMENT # L06000106191

1. Entity Name

POMEGRANATE & FIG, LLC



Principal Place of Business

624 WEST MARION AVENUE
PUNTA GORDA FL 33950

Mailing Address

624 WEST MARION AVENUE
PUNTA GORDA FL 33950

2. Principal Place of Business - No P.O. Box #

624 W. MARION AVE

Suite, Apt. #, etc.

3. Mailing Address

624 W. MARION AVE

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

CHARLOTTE

Zip

33950

Country

CHARLOTTE

4. FEI Number

20-5831004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON TAYLOR, CYNTHIA
624 WEST MARION AVENUE
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: managers/managing member ☐ Delete
NAME: CYNTHIA H. TAYLOR
STREET ADDRESS: 624 W. MARION AVE
CITY-STATE-ZIP: PUNTA GORDA, FL 33950

TITLE: manager/managing member ☐ Delete
NAME: PETER C. TAYLOR
STREET ADDRESS: 624 W. MARION AVE
CITY-STATE-ZIP: PUNTA GORDA, FL 33950

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

CYNTHIA H. TAYLOR 2/20/07 941-575-1757