

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90088 001 \*\*\*500.00

**DOCUMENT # L06000106336**

1. Entity Name

410 WINFIELD, L.L.C.



Principal Place of Business

Mailing Address

THE KRESS BUILDING, 475 CENTRAL AVENUE  
SUITE M-4  
ST. PETERSBURG FL 33701

THE KRESS BUILDING, 475 CENTRAL AVENUE  
SUITE M-4  
ST. PETERSBURG FL 33701

30011010



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

3. Mailing Address

1950 Lake Ave S.E.

1950 Lake Ave S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B

#B

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33771

Pinellas

33771

Pinellas

1st MOORE

CR2E083 (10/06)

4. FEI Number

84-1721209

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

SOLOMON, STANFORD R  
1881 WEST KENNEDY BOULEVARD  
TAMPA FL 33606

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
LODER, JOHN  
STREET ADDRESS  
475 CENTRAL AVENUE, SUITE 205  
CITY-ST-ZIP  
ST. PETERSBURG FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1950 Lake Ave S.E. #B  
Largo, FL 33771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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 #

*Charles* April Charles 5-1-07 (727) 581-7200