

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90324 040 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60046985



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5835296** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FRANKENBERG, DON R
28163 US HWY 19 N, SUITE 204
CLEARWATER, FL 33761

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 reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BUNDY, MICHAEL J SR**
STREET ADDRESS **10237 PEOPLES LOOP**
CITY - ST - ZIP **PORT RICHEY, FL 34668**

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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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: *Robert Meli* / **ROBERT MELI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 4/26/07