

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

07-25-2007 90013 030 ****25.00

08-23-2007 90075 007 ****25.00

DOCUMENT # L06000115575					
1. Entity Name KORSHAK FAMILY, L.L.C.					
Principal Place of Business 8680 COMMODITY CIRCLE, SUITE 200-B ORLANDO, FL 32819			Mailing Address 8680 COMMODITY CIRCLE, SUITE 200-B ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5976289	
Zip		Country		City & State	
Zip		Country		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	
KORSHAK, STEPHEN D C/O KORSHAK & ASSOCIATES, P.A. 8680 COMMODITY CIRCLE, SUITE 200-B ORLANDO, FL 32819				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE, SUITE 200-B ORLANDO, FL 32819			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KORSHAK, ALMA K 8680 COMMODITY CIRCLE, SUITE 200-B ORLANDO, FL 32819			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ 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:				Date: 7/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 855-3333	