

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038820

Entity Name: 745 NW 18 ST GVILLE, LLC

FILED
May 14, 2009
Secretary of State

Current Principal Place of Business:

117 S. FRENCH AVENUE
SANFORD, FL 327711163 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 520021
LONGWOOD, FL 327520021 US

New Mailing Address:

FEI Number: 02-0807818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BANTA, SCOTT
117 S. FRENCH AVENUE
SANFORD, FL 327711163 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BANTA, SCOTT
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 327520021 US

Title: MGRM () Delete
Name: BANTA, MATTHEW E
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 327520021

Title: MGRM () Delete
Name: LENT, THOMAS E
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 327520021 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT BANTA

MGRM

05/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date