

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

01-14-2008 90047 023 ***138.75

30004101



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8843921** Applied For
Not Applicable

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

DOCUMENT # L07000040120

1. Entity Name
ESSENBE PROPERTIES LLC



Principal Place of Business Mailing Address
609 DRIVER AVE 609 DRIVER AVE
WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MATTINGLEY, SONJA W
609 DRIVER AVE
WINTER PARK, FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 **After May 1, 2008 Fee will be \$538.75** **Make check payable to**
Florida Department of State

9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM						
	MATTINGLEY, SONJA W	609 DRIVER AVE	WINTER PARK, FL 32789				
	MGRM						
	SIMMONS, ROBERT W	609 DRIVER AVE	WINTER PARK, FL 32789				

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: *[Signature]* **7/11/08 407 644-3829**
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #