

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33

DOCUMENT # **L07000054193**

1. Entity Name

Kirsh Properties, LLC



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

16303 Turnbridge Ct.

3. Mailing Address

16303 Turnbridge Ct.

CR2E083B (1/11)

Suite, Apt. #, ect.

Suite, Apt. #, ect.

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

26-0258471

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6.

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7. Name and Address of Current Registered Agent

Name

Jeffrey Kirsh

Street Address (P.O. Box Number is Not Acceptable)

16303 Turnbridge Ct.

City

Tampa

FL

Zip Code

33647

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]

Signature, typed or printed name of registered agent and title if applicable

5/18/2011

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State.

E-mail Address:

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Tsila A. Kirsh
16303 Turnbridge Ct.
Tampa, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Secretary
Jeffrey Kirsh
16303 Turnbridge Ct.
Tampa, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Tampa, FL 33647

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10.

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05/12/11--01004--007 **138.75**

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.165, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

5/18/2011 (813) 972-1881

B Tadioc JUN 02 2011