

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90238 036 \*\*\*138.75

**DOCUMENT # L07000101113**

1. Entity Name  
**OAKHURST SUBURBAN CENTER LLC**



Principal Place of Business  
**13055 PARK BLVD.  
SEMINOLE, FL 33776**

Mailing Address  
**P.O. BOX 3335  
SEMINOLE, FL 33775-3335**

**30003469**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**019-22-3406**

Applied For  
Not Applicable

Zip

Country

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

**LURIE, EDWARD J  
13055 PARK BLVD.  
SEMINOLE, FL 33776**

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

**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 **MGRM** ☐ Delete  
NAME **Edward J. Lurie**  
STREET ADDRESS **13055 Park Blvd.**  
CITY-ST-ZIP **Seminole, FL 33776**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Edward J. Lurie*

**3-10-08 727 393-3441**

# ATTACHMENT

30003469  
#L07000101113

Oakhurst Suburban Center, LLC  
Florida Department of State  
Date 3/10/2008  
Type Bill  
Reference L07000101113

Original Amt.	Balance Due	3/10/2008 Discount	1014
138.75	138.75		Payment
		Check Amount	138.75

FHB-OSC, LLC-check L07000101113

138.75