

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90403 021 ***143.75

60012030



02262008 Chg-LLC CR2E083 (12/06)

4. FEI Number **42-1754626** Applied For ☐ Not Applied ☐

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

6. Name and Address of Current Registered Agent

QUINONES, MARIANNE
2174 MISTY WAY LANE
MELBOURNE, FL 32935

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

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

TITLE MGRM
NAME QUINONES, DENNIS ☒ Delete
STREET ADDRESS 2102 WOODFIELD CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGRM
NAME QUALIZZA, GREG ☒ Delete
STREET ADDRESS 7837 KEYSTONE RD
CITY-ST-ZIP ORLAND PARK, IL 60462

TITLE MGRM
NAME QUALIZZA, STEVE ☒ Delete
STREET ADDRESS 7555 W. PONDEROSA COURT
CITY-ST-ZIP ORLAND PARK, IL 60462

TITLE MGR
NAME QUINONES, MARIANNE ☐ Delete
STREET ADDRESS 2174 MISTY WAY LANE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
NAME ☐ Change ☐ Add
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 *Marianne Quinones* 2/26/08