

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000125143

1. Entity Name

PRESTON AVENUE, LLC



Principal Place of Business

3948 TEMPLETON ROAD
LAKE WALES FL 33898

Mailing Address

3948 TEMPLETON ROAD
LAKE WALES FL 33898



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

COCO, ANNA
3948 TEMPLETON ROAD
LAKE WALES FL 33898

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 fee (if applicable)

(NOTE: Registered Agent's signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

000000936513
05/27/08-80014-008 138.75

9. MANAGING MEMBERS/MANAGERS

10.

TITLE MGRM ☐ Delete
NAME COCO, ANNA
STREET ADDRESS 3948 TEMPLETON ROAD
CITY-ST-ZIP LAKE WALES FL 33898

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

TITLE MGRM ☐ Delete
NAME COLEE, PAUL
STREET ADDRESS 917 LAKE HOLLINGSWORTH DRIVE
CITY-ST-ZIP LAKELAND FL 33803

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

TITLE MGRM ☐ Delete
NAME COLEE, CHRISTOPHER
STREET ADDRESS 16344 ASHINGTON PARK DRIVE
CITY-ST-ZIP TAMPA FL 33647

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

TITLE MGRM ☐ Delete
NAME COLEE, MARA LYNN
STREET ADDRESS 16344 ASHINGTON PARK DRIVE
CITY-ST-ZIP TAMPA FL 33647

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

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 Section 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

4-28-08 (863)605-1855

Date

Office Phone