

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **LD800000 4066**

1. Entity Name

SECRET DESIRES SM LLC



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

SECRET DESIRES

3. Mailing Address

PHILIP T. GOR

Suite, Apt. #, ect.

5725 HALLMARK BLVD

Suite, Apt. #, ect.

195 ALEXANDER PKWY

City & State

HOLLYWOOD FL

City & State

BOCA RATON FL

Zip

33022

Country

Zip

33432

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (1/11)

6.

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7. Name and Address of Current Registered Agent

Name

LARRY BISHOP

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

4548 N. FORD HWY

City

H. LAND FL

FL

33308

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

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$638.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

PHILTGOR@GMAIL.COM

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
PHILIP T. GOR
195 ALEXANDER PKWY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BOCA RATON FL 33432

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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.817.155, F.S.

SIGNATURE:

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

Date

Daytime Phone

PHILIP T. GOR 5-15-11 954-822-2211

100207505751
05/11/11--01006--001 **1050.00

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