

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L69785

1. Entity Name
S.L.C. OF SORRENTO, INC.



Principal Place of Business
**336 MONET DRIVE
NOKOMIS FL 34275**

Mailing Address
**336 MONET DRIVE
NOKOMIS FL 34275**



2. Principal Place of Business - No P.O. Box #
336 MONET DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Nokomis, FL
Zip
34275

City & State
Country
SARASOTA

4. FEI Number **65-0194941** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DJORDJEVICH, NAJDENKA
336 MONET DRIVE
NOKOMIS FL 34275**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PVPT
DJORDJEVICH, NAJDENKA
336 MONET DR
NOKOMIS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
SOVACKI, NAJDENKA D
336 MONET DR
NOKOMIS FL 34275** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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CITY ST ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition
**000000680778
04/04/07-80012-022 8.75**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition
**000000680778
04/04/07-80012-023 150.00**

TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
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CITY ST ZIP
☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Najdenko Djordjevic-Sovacki** 3-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #