

FILE NOW: Fee after May 1, will be \$588.75

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1997 MAY 13 PM 2:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

FILING FEE \$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000367**

**THE BASSETT-BYRNE COMPANY, L.C.
502 RAEHN STREET
ORLANDO FL 32806**

1a. Principal Place of Business Address

**502 RAEHN STREET
ORLANDO FL 32806**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

05/15/1995

FL

City & State

City & State

NOT APPLICABLE

☐ **Applied For**

☐ **Not Applicable**

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

06/06/1996

☐ **Not Applicable**

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**BASSETT, MARGARET
502 RAEHN STREET
ORLANDO FL 32806**

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM BASSETT, JAMES

502 RAEHN STREET

ORLANDO FL

400002184004--2

-05/19/97--01187--011

******203.75 ****203.75**

6/16/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JAMES BASSETT

5/1/97

407-422-8843

Date

Daytime Phone #