

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1. Entity Name



Mailing Address

6445 ANTHONY DRIVE
HAMILTON OH 45011

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

65-0895122

Applied For	
Not Applicable	

Not Applicable

☐ **\$5.00** Additional Fee Required

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

10. ADDITIONS/CHANGES

☐ Delete☐ Delete

Delete

 Delete

☐ Delete☐ Delete☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

SIGNATURE:

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

Date _____

Daytime Phone # _____