

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 22, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L99000002921**

**1. Entity Name  
DARKENT PROPERTIES, LLC**



**Principal Place of Business  
1798 N. HERCULES AVENUE  
CLEARWATER, FL 33765**

**Mailing Address  
1798 N. HERCULES AVENUE  
CLEARWATER, FL 33765**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number  
59-3576816**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RAYMOND, J. PAUL  
625 COURT STREET, SUITE 625  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILSON, STEPHANIE D  
2970 MAPLE TRACE  
TARPON SPRINGS, FL 34688**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KVIDERA, KENT  
1798 N. HERCULES AVENUE  
CLEARWATER, FL 33765**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
RAYMOND, J. PAUL  
625 COURT ST SUITE 200  
CLEARWATER, FL 33756**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
IRIZARRY, ANGEL L  
1798 N HERCULES AVE  
CLEARWATER, FL 33765**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000594441  
01/22/07-80071-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

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

Date

Daytime Phone #

1-3-07