

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90300 009 ****50.00

DOCUMENT # L99000005808

1. Entity Name

POULOS VILLAGE, L.L.C.



Principal Place of Business

217 DANUBE WAY
PALM BEACH GARDENS FL 33410
US

Mailing Address

217 DANUBE WAY
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business

5701 WHIRLAWAY
Suite, Apt. #, etc.

3. Mailing Address

5701 WHIRLAWAY RD
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

PBG FL

City & State

PBG FL

4. FEI Number

65-0948258

Applied For

Not Applicable

Zip

Country

33418 USA

Zip

Country

33418 USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POULOS, ANNE
5701 WHIRLAWAY RD
217 DANUBE WAY
PALM BEACH GARDENS FL 33410
PBG
FL
33418

7. Name and Address of New Registered Agent

Name
PAUL J POULOS
Street Address (P.O. Box Number is Not Acceptable)
City
PBG 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 Anne Poulos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reclaiming)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	POULOS, ANNE	
STREET ADDRESS	5701 WHIRLAWAY	
CITY-ST-ZIP	PBG FL	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PAUL J POULOS	
STREET ADDRESS	5701 WHIRLAWAY RD	
CITY-ST-ZIP	PBG FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL J POULOS	
STREET ADDRESS	5701 WHIRLAWAY RD	
CITY-ST-ZIP	PBG FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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: Anne Poulos

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

3/29/06

Date

Daytime Phone #

561
625
4306