

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002946

1. Entity Name
SRV LEHIGH LAKES RESIDENTIAL, LLC



Principal Place of Business
7001 BRUSH HOLLOW ROAD
WESTBURY, NY 11590

Mailing Address
7001 BRUSH HOLLOW ROAD
WESTBURY, NY 11590

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2917696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHALIK, EUGENE
7001 BRUSH HOLLOW ROAD
WESTBURY, FL 11590

**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 reappointing)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956008
07/22/08-80014-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHALIK, EUGENE
STREET ADDRESS	7001 BRUSH HOLLOW ROAD
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #