

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000036047

1. Entity Name
WESTSHORE BONITA DEVELOPMENT, LLC



Principal Place of Business
**27180 BAY LANDING DR. #5
BONITA SPRINGS, FL 34135**

Mailing Address
**PO BOX 188
BONITA SPRINGS, FL 34133**



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2729583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMS, STEVEN R
27180 BAYLANDING DRIVE #5
BONITA SPRINGS, FL 34135**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SIMS, STEVEN S
27180 BAY LANDINGS DRIVE, SUITE 5
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PILKINGTON, JAMES
3172 JAGUAR LN.
GREEN BAY, WI 54313**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MURRAY, CAMERON
9179 BRENDAN PRESERVE CT.
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

0000000921366
05/15/08-80003-023-138.75

**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 #

4/17/08 239-522-2339