

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000000142

1. Entity Name
3625 POINSETTIA, L.C.



Principal Place of Business
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

Mailing Address
6435 HIGHCROFT DRIVE
NAPLES, FL 34119



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3499136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLZKAMPER, HENRY
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLZKAMPER, HENRY
STREET ADDRESS	6435 HIGHCROFT DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	MGRM
NAME	MOORE, JAN E
STREET ADDRESS	6435 HIGHCROFT DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	MGRM
NAME	JOSEPH V. FARAGO REVOCABLE TRUST
STREET ADDRESS	2034 NORTH CLARK STREET
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000660793
03/20/07-80015-010 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 #

Jan Moore
Jan Moore

1-19-07

239-455-5155