

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 040 ***50.00

DOCUMENT # L02000006249

1. Entity Name
MARK ALEXANDER COMMERCIAL REALTY, LLC



Principal Place of Business
6360-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919

Mailing Address
6360-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919

24063861



2. Principal Place of Business
6360 PRESIDENTIAL CT

3. Mailing Address
6360 PRESIDENTIAL CT

Suite, Apt. #, etc.
SUITE 2

Suite, Apt. #, etc.
SUITE 2

01132004 Chg-LLC CR2E083 (10/03)

City & State
FT MYERS, FL

City & State
FT MYERS FL

4. FEI Number
38-3659285

Applied For
Not Applicable

Zip
33919

Country
LEE

Zip
33919

Country
LEE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, MARK
6360-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

6360 PRESIDENTIAL CT, SUITE 2

City

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

(NOTE: Registered Agent signature required when reinstating)

4/29/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALEXANDER, MARK
6360-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark Alexander

4-29-04

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

Date

Daytime Phone #