


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000050058</b>	
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1. Entity Name  
1501 SECOND STREET LLC

Principal Place of Business  
4130 BOCA POINTE DRIVE  
SARASOTA, FL 34238

Mailing Address  
4130 BOCA POINTE DRIVE  
SARASOTA, FL 34238



01262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1307069	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HAUTAMAKI, RAYMOND D  
4130 BOCA POINTE DRIVE  
SARASOTA, FL 34238

**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 HEUTAMAKI, RAYMOND D 4130 BOCA POINTE DR SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAUTAMAKI, ANN L 4130 BOCA POINTE DR SARASOTA, FL 34238
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U000000810820  
02/11/08-80002-001 138.75

**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:** *Ann L. Hautamaki* ANN L. HAUTAMAKI 1-29-08 941925-4802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #