

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000147445

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC2922235082**

**Entity Name:** 309 GOODLETTE ROAD LLC

**Current Principal Place of Business:**

309 GOODLETTE ROAD SOUTH ROAD  
503A  
NAPLES, FL 34102

**Current Mailing Address:**

12040 TOSCANA WAY  
UNIT 102  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 46-3910421

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FELTON, JAMES S  
Address 309 GOODLETTE ROAD SOUTH ROAD  
#503A  
City-State-Zip: NAPLES FL 34102

Title MGRM  
Name HINDLE, DAVID S  
Address 309 GOODLETTE ROAD SOUTH ROAD  
#503A  
City-State-Zip: NAPLES FL 34102

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID HINDLE

**OWNER**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date