

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002712

FILED
Apr 14, 2009
Secretary of State

Entity Name: TIMBERWILDE ENTERPRISES OF BONITA SPRINGS, L.L.C.

Current Principal Place of Business:

8899 TIMBERWILDE DR
1
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

1250 N TAMIAMI TRL 101
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3631181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, TONIANN DMD
9400 FOUNTAIN MEDICAL COVER B101
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BELCHER, STEPHEN P
Address: 8899 TIMBERWILDE DR STE 1
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: CONTE, TONIANN DMD
Address: PO BOX 235
City-St-Zip: SANIBEL, FL 33917

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TODD SABIN

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date