

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000010886

1. Entity Name

AGILE INVESTMENT MANAGEMENT, L.L.C.



Principal Place of Business

2300 22ND STREET NORTH  
ST. PETERSBURG, FL 33713

Mailing Address

2300 22ND STREET NORTH  
ST. PETERSBURG, FL 33713



02072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3669230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, BRONSON R  
2300 22ND STREET NORTH  
ST. PETERSBURG, FL 33713

**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	MEM
NAME	ALEXANDER, BRONSON R
STREET ADDRESS	2300 22ND STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	MEM
NAME	GIBSON, ROBERT J
STREET ADDRESS	2300 22ND STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	MEM
NAME	LUKAS, ALAN
STREET ADDRESS	2300 22ND STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	MGRM
NAME	ALEXANDER, MARY L
STREET ADDRESS	2300 22ND STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	MGRM
NAME	BOLLAERT, JULIENE M
STREET ADDRESS	2300 22ND STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	MGRM
NAME	LUKAS, PEGGY A
STREET ADDRESS	2300 22ND STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

U000000816127  
02/14/08-80035-024 138.75

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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 #

*Alan Lukas* Alan Lukas-Member 2-07-2008 (727) 821 3223 X127