

FILED
Apr 15, 2008 08:00 AM
Secretary of State

1. Entity Name
PARK CIRCLE, LLC



9250 CORKSCREW RD
SUITE 8
ESTERO, FL 33928

9250 CORKSCREW RD
SUITE 8
ESTERO, FL 33928



CR2E083 (12/07)

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD., STE. 101
FORT MYERS, FL 33906

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

TITLE	MGRM
NAME	MILLER, STEPHANIE
STREET ADDRESS	9250 CORKSCREW RD SUITE 8
CITY - ST - ZIP	ESTERO, FL 33928

TITLE	MGRM
NAME	TOTH, GREGORY F
STREET ADDRESS	9250 CORKSCREW RD SUITE 8
CITY - ST - ZIP	ESTERO, FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: Stephanie Mui 1/24/08 239-277-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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

Date _____ Daytime Phone # _____

Stephanie Miller