

DOCUMENT # L00000012492

The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree and a sun. The shield is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3678404	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MARSLAND, WILLIAM W
27657 OLD 41 RD
BONITA SPRINGS, FL 34135

**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 reinstalling)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARSLAND, WILLIAM W
STREET ADDRESS	27657 OLD HWY 41 RD.
CITY - ST - ZIP	BONITA SPRINGS, FL 34135

TITLE	MEM
NAME	SMITH, BRADLEY R
STREET ADDRESS	27657 OLD HWY 41 RD.
CITY- ST- ZIP	BONITA SPRINGS, FL 34135

TITLE	MGRM
NAME	LAWRENCE, PEREZ
STREET ADDRESS	27657 OLD 41 RD
CITY- ST- ZIP	BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

~~000 4500453-1009063790~~
~~DEPOSIT ONLY 50.00~~
~~01/13/05-80052-000~~

000000180232
01/13/05-80052-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1-10-05

239-992-4232