

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000686

1. Entity Name
TESTAROSSA LIMITED LLC



Principal Place of Business
**2706 HORSESHOE DR. SOUTH, STE. 220
NAPLES, FL 34104**

Mailing Address
**P.O. BOX 8088
NAPLES, FL 34101**

DO NOT WRITE IN THIS SPACE



04082005 No Chg- LLC

CR2E083 (10/03)

4. FEI Number
59-3691024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POKORNE, LESTER N
2706 HORSESHOE DRIVE SOUTH
SUITE 220
NAPLES, FL 34104**

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
POKORNE, LESTER N
2706 HORSESHOE DR. SOUTH, STE. 220
NAPLES, FL 34104**

TITLE
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CITY - ST - ZIP

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04/18/05-80139-011 50.00

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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)(i), 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

5.11.05

Date

239-435-1370

Daytime Phone #