

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90289 006 ****50.00

DOCUMENT # L01000017678

1. Entity Name
PALM COAST FOREST, LLC



Principal Place of Business
**ONE CORPORATE DR., STE. 3A
PALM COAST, FL 32137-4715**

Mailing Address
**226 E. JOEL BLVD.
LEHIGH ACRES, FL 33972**

40041045



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
4315 Metro Parkway
Suite, Apt. #, etc.
Suite 500
City & State
Fort Myers, FL
Zip
33916
Country
USA

03222005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1149597
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIELLO, JOHN
ALLETE PROPERTIES, INC.
226 EAST JOEL BLVD.
LEHIGH, FL 33972**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4315 Metro Parkway
Suite 500
City
Fort Myers **FL** Zip Code
33916

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, WILLIAM I ONE CORPORATE DR., STE. 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAULKNER, CHARLES ONE CORPORATE DR., SUITE 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIELLO, JOHN 226 E. JOEL BLVD. LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORVATH, MARGARET 226 E. JOEL BLVD. LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINEHAN, EILEEN ONE CORPORATE DR., SUITE 3A PALM COAST, FL 321374715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLETE PROPERTIES, INC. ONE CORPORATE DR., SUITE 3A PALM COAST, FL 32137	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CON'T...

SIGNATURE:

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

John A. Natiello 3/24/05 239-333-3300

Date

Daytime Phone #

ATTACHMENT

40041045

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L01000017678 Continued

PALM COAST FOREST, INC.

Line 10 Continued

AS ☒ Delete
Lusby, David
One Corporate Dr. Ste 3A
Palm Coast, FL 32137

Line 11 Continued

TAS ☐ Change ☒ Addition
Horvath, Margaret
4315 Metro Parkway, Suite 500
Fort Myers, FL 33916