

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90027 006 ***138.75

DOCUMENT # L01000018814

1. Entity Name
GOODLETTE PROFESSIONAL CENTER, LLC



Principal Place of Business
**680 GOODLETTE ROAD NORTH
NAPLES, FL 34102**

Mailing Address
**C/O COLONIAL SQUARE REALTY
P.O BOX 10608
NAPLES, FL 34101**

60028995



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

03-0400036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KETCHUM, SCOTT M ESQUIRE
692 GOODLETTE ROAD
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **Colonial Square Realty.**
Street **1048 Goodlette Rd, Suite 201**
City **Naples** FL Zip Code **34102**

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]
Signature, typed or printed name of registered agent and title if applicable.

Clifford Okon

(NOTE: Registered Agent signature required when reinstating)

4/14/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCHUETTE, LANA**
STREET ADDRESS **811 WEST COUNTY RD F**
CITY-ST-ZIP **SHOREVIEW, MN 55126**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Clifford Okon

Date

**239-216-
2627**

Daytime Phone #