

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90586 041 ****50.00

DOCUMENT # L01000021443

1. Entity Name

LARNAN INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

957709

2. Principal Place of Business

12100 Palomino Lane

Suite, Apt. #, etc.

3. Mailing Address

9100 Penzance Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

03-0399886

Applied For

Not Applicable

Zip

33912

Country

US

Zip

33912

Country

US

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Larry R. Enck

Street Address (P.O. Box Number is Not Acceptable)

12100 Palomino Lane

City

Fort Myers

FL

Zip Code

33912

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	TITLE	
NAME	Larry R. Enck	NAME	
STREET ADDRESS	12100 Palomino Lane	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33912	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Nancy A. Enck	NAME	
STREET ADDRESS	12100 Palomino Lane	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33912	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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:

Nancy A. Enck

Nancy A. Enck

4/26/02

(239) 225-0379

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

Date

Daytime Phone #