

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90042 002 \*\*\*\*50.00

DOCUMENT # L01000021769

1. Entity Name

FRIENDSHIP, LLC



Principal Place of Business

27231 RIDGE LAKE COURT  
BONITA SPRINGS FL 34134

Mailing Address

27231 RIDGE LAKE COURT  
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 80-0024899

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

AUGUSTINE, ROBERT  
27231 RIDGE LAKE CT  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AUGUSTINE, ROBERT	
STREET ADDRESS	27231 RIDGE LAKE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHELLENBARGER, DAVID F	
STREET ADDRESS	27231 RIDGE LAKE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHELLENBARGER, MARY K	
STREET ADDRESS	27231 RIGE LAKE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BRUNTJEN, WORTH	
STREET ADDRESS	27231 RIDGE LAKE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FENWICK, SHERIDAN	
STREET ADDRESS	27231 RIDGE LAKE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	THEORIN, CARL	
STREET ADDRESS	27231 RIDGE LAKE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

10. ADDITIONS/CHANGES

TITLE	Mgr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Augustine	
STREET ADDRESS	27231 Ridge Lake Ct	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	Mgr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorraine Levitt Theorin	
STREET ADDRESS	27231 Ridge Lake Ct	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lorraine Levitt Theorin, Mgr

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

7/19/05

Date

239-495-4676

Daytime Phone #