

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022493

1. Entity Name
SIESTA 41, L.L.C.



Principal Place of Business
T-41 5830 MIDNIGHT PASS
SARASOTA, FL 34242

Mailing Address
1710 LAKE DRIVE
INDEPENDENCE, MO 64055

FILED
Jul 11, 2008 08:00 AM
Secretary of State



06272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3417779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JAMES C
1800 SECOND ST
SUITE 890
SARASOTA, FL 34236

**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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ESRY, WILLIAM C
STREET ADDRESS	1710 LAKE DRIVE
CITY- ST- ZIP	INDEPENDENCE, MO 64055
TITLE	MGR
NAME	ESRY, DAVID R
STREET ADDRESS	708 NW SILVER RIDGE
CITY- ST- ZIP	LEES SUMMIT, MO 64081
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000954241
07/11/08-80005-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-8-08 816-795-4040