

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90399 022 ***138.75

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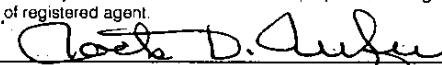


02062008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 5151 CLARK RD. SARASOTA, FL 34233		Mailing Address P.O. BOX 4009 SARASOTA, FL 34237	
2. Principal Place of Business - No P.O. Box # 5278 Station Way		3. Mailing Address Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
Zip 34233	Country USA	Zip	Country
4. FEI Number 56-2286340		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent URFER, JACK D 5151 CLARK RD. SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name JACK D. URFER Street Address (P.O. Box Number is Not Acceptable) 5278 Station Way City Sarasota FL Zip Code 34233	
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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:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URFER, JACK D 5151 CLARK ROAD SARASOTA, FL 34233 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URFER, JACK D. 5278 Station Way Sarasota, FLORIDA 34233 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URFER, THELMA I 5151 CLARK ROAD SARASOTA, FL 34233 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URFER, THELMA I. 5278 Station Way Sarasota, FLORIDA 34233 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Jack D. Urfer, As Manager