

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

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90018 044 ****55.00

DOCUMENT # **L02000019456**



1. Entity Name

PDRE Management, LLC

DO NOT WRITE IN THIS SPACE

20034057

2. Principal Place of Business
114 Park Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Anna Maria, FL

City & State

4. FEI Number
06-1645191

Applied For

Not Applicable

Zip
34216

Country
Manatee

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Patricia Ward D'Itri

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

114 Park Ave.

City
Anna Maria

FL

Zip Code
34216

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager, Patricia W. D'Itri, 114 Park Ave., Anna Maria, FL 34216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

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

Date

517.349.0789

Daytime Phone #