

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90305 034 \*\*\*138.75

**DOCUMENT # L02000023620**

1. Entity Name  
LCM, L.C.



Principal Place of Business

~~42 BARKLEY CIR~~  
~~SUITE 3~~  
FORT MYERS, FL 33907

Mailing Address

~~42 BARKLEY CIR~~  
~~SUITE 3~~  
FORT MYERS, FL 33907

12580 University Drive #102

**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
30-0124453

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLUHARTY, GARY A  
~~42 BARKLEY CIRCLE #3~~  
FORT MYERS, FL 33907

12580 University Drive #102  
Fort Myers, FL 33907

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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAVIS, RONALD L  
8060 GLENFINNAN CIRCLE  
FT. MYERS, FL 33912

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
D'ANDREA, ROBERT L  
15464 FIDDLESTICKS BLVD.  
FT. MYERS, FL 33912

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FLUHARTY, GARY A  
23 CARROTWOOD COURT  
FT. MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*R. D'Andrea*

*4/14/08*

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

Date

Daytime Phone #