

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023687

1. Entity Name
ARNOLD & GENTLEMAN, L.L.C.



Principal Place of Business

**4933 N TAMiami TRAIL
#202
NAPLES, FL 34103**

Mailing Address

**4933 N TAMiami TRAIL
#202
NAPLES, FL 34103**



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4218680

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DORAGH, PETE
4415 METRO PARKWAY STE. 325
FORT MYERS, FL**

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
ARNOLD, KEITH
4933 N TAMiami TRAIL #202
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
GENTLEMAN, THAD
4933 N TAMiami TRAIL #202
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000135100
04/28/04-80046-007 50.00

**DO NOT WRITE
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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-4 239-213-0725