LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90307 029 ****50.00

DOCUMENT # L02000032906

1. Entity Name

LABELLE 80 GROVE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2911 NE Pine Island Rd Suite, Apt. #, etc.	2911 NE Pine Island Rd Suite, Apt. #, etc.
City & State: Cape Coral, Fl	City & State: Cape Coral, Fl
Zip: 33909 Country: Lee	Zip: 33909 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number: 75-3105359 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dennis J Fullenkamp

Street Address (P.O. Box Number is Not Acceptable): 2911 NE Pine Island RD

City: Cape Coral **FL** Zip Code: 33909

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: 4-21-2003

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	MGR Dennis J Fullenkamp 2911 NE Pine Island Rd Cape Coral, Fl 33909
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Michael M Strayhorn 2911 NE Pine Island Rd Cape Coral, Fl 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Mary Jo Walker 2026 Wilna Street Fort Myers, Fl 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Richard O Hilliker 2026 Wilna Street Ft Myers, Fl 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Michael A Sanders 2026 Wilna Street Ft Myers, Fl 33901
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CR2E083B (12/02)

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: 4-21-2003 239-995-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #