

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90047 047 \*\*\*\*50.00

DOCUMENT # L02000034711

1. Entity Name

BONITA COASTAL PROPERTIES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9690 RAVEN CT.

3. Mailing Address

PO Box 367281

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ESTERO, FL.

City & State

BONITA SP., FL.

4. FEI Number

75-3095951

Applied For

Not Applicable

Zip

Country

33928

USA

Zip

Country

34136-7281

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JEANETTE IGOE, MEM

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

9690 RAVEN CT.

City

ESTERO

FL

Zip Code

33928

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

*Jeanette Igoe*

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	MANAGER
NAME	JEANETTE IGOE
STREET ADDRESS	9690 RAVEN CT.
CITY-ST-ZIP	ESTERO, FL. 33928
TITLE	MEMBER
NAME	DANIEL SKINNER
STREET ADDRESS	PO Box 2388
CITY-ST-ZIP	HUNTSVILLE, ALA 35804
TITLE	
NAME	
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CITY-ST-ZIP	

**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:

*Jeanette Igoe*

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

Manager 239-949-5791

Date

Daytime Phone #

CR2E083B (12/02)