2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034941

1. Entity Name
LABELLE 316, L.L.C

Principal Place of Business	Mailing Address
2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909	2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909

01302006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
75-3105357
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULLENKAMP, DENNIS J
2911 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FULLENKAMP, DENNIS J
STREET ADDRESS	2911 N.E. PINE ISLAND ROAD
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	MGRM
NAME	STRAYHORN, MICHAEL M
STREET ADDRESS	2911 N.E. PINE ISLAND ROAD
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	MGRM
NAME	MARY JO WALKER, CRT
STREET ADDRESS	2026 WILNA STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	GEORGE AND MARY JO SANDERS, CRT
STREET ADDRESS	2026 WILNA STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	MICHAEL C. SANDERS, CRT
STREET ADDRESS	2026 WILNA STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dennis J Fullenkamp 2-6-06 239-985-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #