

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 019 *****50.00

DOCUMENT # L02000034941

1. Entity Name

LABELLE 316, L.L.C



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2911 NE Pine Island Rd

3. Mailing Address

2911 NE Pine Island Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral

City & State

Cape Coral

4. FEI Number

75-3105357

Applied For

Not Applicable

Zip

33909

Country

Lee

Zip

33909

Country

Lee

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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

**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.

DATE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

Michael M Strayhorn

2911 NE Pine Island Rd

Cape Coral, FL 33909

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

Mary Jo Walker, CRT

2026 Wilna Street

FT Myers, FL 33901

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM Geo & Mary Jo Sanders CRT

2026 Wilna Street

Ft Myers, FL 33901

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

Michael C Sanders CRT

2026 Wilna Street

Ft. Myers, FL 33901

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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:

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

Date

Daytime Phone #

CR2E083B (12/02)