## 2008 LIMITED LIABILITY COMPANY

## Apr 24, 2008 8:00 am Secretary of State ANNUAL REPORT 04-24-2008 90010 015 \*\*\*138.75 **DOCUMENT # L03000004345** ENTÉRPRISE ASSOCIATES OF SARASOTA, LLC ovu27662 Principal Place of Business Mailing Address 1517 STATE STREET 1517 STATE STREET SARASOTA, FL 34236 SARASOTA, FL 34236 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01112008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 56-2315211 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PFLUGNER, J. GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 8470 ENTERPRISE CIRCLE **SUITE 201** BRADENTON, FL 34202 City Zip Code 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 SIGNATURE Separature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaing) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Addition Delete Change NAME HAMAD, SAMUEL NAME 1814 ROLAND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-71P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME 14 4 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CtTY-ST-7:P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 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 requirement of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the requirement of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the requirement of the same legal effect as if made under oath; that I am a managing member or manager of the

JAN 1 5 2008

Date

Daytima Phone #

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SAMUEL A. HAMAD