

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006298

1. Entity Name
POSITANO, LLC



Principal Place of Business
405 GIVENS STREET
SARASOTA, FL 34242

Mailing Address
405 GIVENS STREET
SARASOTA, FL 34242

2. Principal Place of Business
328 S. Shore Drive
Suite, Apt. #, etc.

3. Mailing Address
121 W. Long Lake Road
1st floor
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Bloomfield Hills, MI

09102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0448508

Applied For
Not Applicable

Zip
34234

Country
USA

Zip
48304

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPNICK, BRUCE P ESQ
C. FICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Name
Timothy J. Morris
Street Address (P.O. Box Number is Not Acceptable)
328 S. Shore Drive
City
Sarasota FL Zip Code
34234

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 Timothy J. Morris, Manager

9/14/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
NAME Timothy J. Morris
STREET ADDRESS 328 South Shore Drive
CITY-ST-ZIP Sarasota, FL 34234

TITLE NAME ☐ Delete
NAME Jeffrey D. Gravely
STREET ADDRESS 303 Ninth Street West #201
CITY-ST-ZIP Bradenton, FL 34205

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
NAME Timothy J. Morris
STREET ADDRESS 328 South Shore Drive
CITY-ST-ZIP Sarasota, FL 34234

TITLE NAME ☐ Change ☒ Addition
NAME Jeffrey D. Gravely
STREET ADDRESS 303 Ninth Street West #201
CITY-ST-ZIP Bradenton, FL 34205

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 700041570567
CITY-ST-ZIP 10/04/04--01040--001 **50.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jeffrey D. Gravely, Manager 941-750-9494

Date

Daytime Phone #

FILED

04 OCT 22 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

