

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90076 018 *****50.00

DOCUMENT # L03000016872

1. Entity Name

ZANDERMAN ENTERPRISES LLC



Principal Place of Business

**10684 GULF SHORE BLVD
B 301
NAPLES FL 34110
US**

Mailing Address

**10684 GULF SHORE BLVD
B 301
NAPLES FL 34110
US**

2. Principal Place of Business

8089 TAUREN CT

3. Mailing Address

8089 TAUREN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

34119 USA

Zip

Country

34119 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

**STAHLMAN, FREDERICK B II
8089 TAUREN CT
NAPLES FL 34119**

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

Frederick B Stahlman II

4/23/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STAHLMAN, FREDERICK B II
STREET ADDRESS 64 MAUTUCKET RD.
CITY-ST-ZIP WAKEFIELD RI 02879

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

TITLE MGR ☐ Delete
NAME RINI, MARTINE K
STREET ADDRESS 64 MAUTUCKET RD.
CITY-ST-ZIP WAKEFIELD RI 02879

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Frederick B Stahlman II

4/23/04

239-398-3154

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

Date

Daytime Phone #