

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000018182

1. Entity Name
MURNANE-FORTUNE, L.L.C.



Principal Place of Business
2700 IMMOKALEE RD.
#9
NAPLES, FL 34110

Mailing Address
2700 IMMOKALEE RD.
#9
NAPLES, FL 34110



03252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0612200	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN & GRIGSBY, P.C.
SUITE 309
27200 RIVERVIEW CENTER BLVD.
NAPLES, FL 34134

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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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000880388
04/15/08-80059-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOYES, HILARY F MRS 488 WORTHINGTON NAPLES, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALBERT, PATTY A MRS 2159 HARLANS RUN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHOENIX, CLAUDIA MRS 178 BERMUDA MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

NATURE: ☒ Member ☒ Y-Of ☒ 201-5971616