

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90099 031 *****50.00

DOCUMENT # L03000022870

1. Entity Name

RENAISSANCE ATLANTIC, L.L.C.



Principal Place of Business

331 CAPE CORAL PARKWAY WEST, SUITE C
CAPE CORAL FL 33914

Mailing Address

331 CAPE CORAL PARKWAY WEST, SUITE C
CAPE CORAL FL 33914

24014410



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1193722

Applied For

Not Applicable

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

SCHUTT, DARRIN R
1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL FL 33904

Name

Virginia Snow

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

4235 SE 20th Pl B402

City

Cape Coral

FL

Zip Code

33904

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PITONI, LAWRENCE
STREET ADDRESS 331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE MGRM ☐ Delete
NAME PITONI, KIM S
STREET ADDRESS 331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE MGRM ☐ Delete
NAME PETERSEN, ROBERT V
STREET ADDRESS 331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE MGRM ☐ Delete
NAME PETERSEN, KATHLEEN
STREET ADDRESS 331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE MGRM ☐ Delete
NAME LINN, DAVID
STREET ADDRESS 331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE MGRM ☐ Delete
NAME LINN, IRENE
STREET ADDRESS 331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ 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:

Virginia Snow

Virginia Snow

2/13/04

239 542 0184

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

Date

Daytime Phone #