


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90053 050 ***138.75

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008 Chg-LLC CR2E083 (12/06)

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

PETERSON, ROBERT V
331 CAPE CORAL PKWY W, STE C
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	PITONI, LAWRENCE	
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	PITONI, KIM S	
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETERSEN, ROBERT V	
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETERSEN, KATHLEEN	
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LINN, DAVID	
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LINN, IRENE	
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Thompson	
STREET ADDRESS	866 W. Cape Estates Cir.	
CITY-ST-ZIP	Cape Coral FL 33993	

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Thompson	
STREET ADDRESS	866 W. Cape Estates Cir.	
CITY-ST-ZIP	Cape Coral FL 33993	

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snow, Robert	
STREET ADDRESS	5108 SW 12th Pl	
CITY-ST-ZIP	Cape Coral FL 33904	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Kathleen Peterson* Kathleen Peterson 2/12/08 239-342-9271