

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000041471

1. Entity Name
SANIBEL RECREATION SOCIETY LLC



Principal Place of Business
**1414 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919 US**

Mailing Address
**1414 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919 US**



04222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139**

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2007**

000000729057
05/08/07-80024-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MASON, MARC
1414 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWNLOW, JANE
1414 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, GENE
1414 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, BAB
1414 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #

4/23/07

239-218-0682