


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90096 017 \*\*\*138.75

<b>DOCUMENT # L03000041471</b>	
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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

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

02062008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 33612-3425

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

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

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

Date

Daytime Phone #

*Marc Mason* Marc Mason

2/6/08 239-938-6876