

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

504254900133
9/8/2004-90001-002-\$55.00-\$55.00

DOCUMENT # L03000049825

1. Entity Name
959 PERIWINKLE WAY, LLC



FILED

2004 OCT 11 PM 1:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
959 PERIWINKLE WAY
SANIBEL, FL 33957

Mailing Address
959 PERIWINKLE WAY
SANIBEL, FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0443085

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECARLO, DANIEL M JR
632 LIGHTHOUSE WAY
SANIBEL, FL 33957

DICARLO, DANIEL M JR

Name DICARLO, DANIEL M. JR
Street Address (P.O. Box Number is Not Acceptable)

SAME

City SANIBEL 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 renewing)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DICARLO, DANIEL M JR.
STREET ADDRESS 632 LIGHTHOUSE WAY
CITY-ST-ZIP SANIBEL, FL 33957 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

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

8/30/04

908-862-6189

Daytime Phone #