

2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT (AR)

FILED

Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000051744

1. Entity Name

DAVID V. VEENSCHOTEN LLC



Principal Place of Business

230 RIDGE DR
NAPLES FL 34108

Mailing Address

230 RIDGE DR
NAPLES FL 34108



2nd MOORE

CR2E083 (4/07)

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

230 RIDGE DR.

3. Mailing Address

230 RIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-1521778

Applied For

Not Applicable

Zip

34108

Country

COUWER

Zip

34108

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEENSCHOTEN, DAVID V
230 RIDGE DR
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

SAME

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 *David V. Veenschoten*

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

9/1/07

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VEENSCHOTEN, DAVID V
STREET ADDRESS 230 RIDGE DR
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000000773555
09/07/07-80004-001 50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *David V. Veenschoten*

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

9/1/07

DATE

239-597-3649

Daytime Phone #