

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90025 029 ****50.00

20035672



04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-0761173** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORRENTI, ROBIN J
11351 COMPASS POINT DRIVE
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name **Craig R. Hersch**
Street Address (P.O. Box Number is Not Acceptable)
9100 College Pointe Ct.
City **Fort Myers** **FL** Zip Code **33919**

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.

Craig R. Hersch

3-31-06

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORRENTI, ROBIN J 11351 COMPASS POINT DRIVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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

Robin J. Correnti

Date

Daytime Phone #

4/19/06

ATTACHMENT 20035672
#104000066340

SHEPPARD, BRETT, STEWART, HERSCH & KINSEY P.A.

ATTORNEYS AT LAW
FIRM ESTABLISHED 1924

JAY ANDREW BRETT
JOHN F. STEWART +
CRAIG R. HERSCH *^
D. HUGH KINSEY, JR.
MICHAEL B. HILL

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OF COUNSEL
JOHN W. SHEPPARD *

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* BOARD CERTIFIED: WILLS, TRUSTS & ESTATES
^ CERTIFIED PUBLIC ACCOUNTANT (FL)
+ ALSO ADMITTED IN IOWA

April 20, 2006

VIA CERTIFIED MAIL
7002 2410 0001 4458 1681

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: CORRENTI VENTURES, LLC

Dear Sir or Madam:

Enclosed, please find the original Annual Report for the above referenced company. The completed annual report includes a check in the amount of \$50.00 payable to the Florida Department of State. I understand that you will be filing this before the May 1, 2006 deadline.

Should you have any questions or comments, please do not hesitate to contact me.

Kind regards,

SHEPPARD, BRETT, STEWART, HERSCH & KINSEY, P.A.



Craig R. Hersch

CRH/mkd
Enclosure