

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000010624

1. Entity Name
DEMOR PROPERTIES, LLC



Principal Place of Business
3501-312 DEL PRADO BLVD
CAPE CORAL, FL 33904

Mailing Address
3501-312 DEL PRADO BLVD
CAPE CORAL, FL 33904



04072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0769522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501-312 DEL PRADO BLVD
CAPE CORAL, FL 33904

**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 renewing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000083:484
04/22/08-30016-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
HARMON, DENNIS
STREET ADDRESS
1110-33 PINE ISLAND RD
CITY-ST-ZIP
CAPE CORAL, FL 33909

TITLE
NAME
RAYMOND, MAURICE
STREET ADDRESS
1110-33 PINE ISLAND RD
CITY-ST-ZIP
CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

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

4/7/08 239-574-7171

Date

Daytime Phone #