

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000016485

1. Entity Name

ORMONDE HOLDINGS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:08

Principal Place of Business

14606 SAGAMORE COURT
FORT MYERS FL 33908

Mailing Address

14606 SAGAMORE COURT
FORT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten initials]



1st MOORE

CR2E083 (10/04)

4. FEI Number

☒ 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

MAUGHAN, JASON R
C/O WHITE & LAWHON, P.A.
3431 PINE RIDGE ROAD, SUITE 101
NAPLES FL 34109

Name **LAW OFFICES OF JASON R. MAUGHAN, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1101 PERIWINKLE WAY, SUITE 102

City **SAFEBEL**

FL Zip Code **33957**

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

[Handwritten signature] **FOR THE FIRM**

3-25-05

Signature of person who printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **MAUGHAN, JUDITH M**
STREET ADDRESS **14606 SAGAMORE COURT**
CITY-ST-ZIP **FORT MYERS FL 33908**

☐ Change ☐ Addition
300050093913
04/07/05--01011--010 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

[Handwritten signature] **POA**

3-25-05

(239) 492-2424

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

Date

Daytime Phone #