L04000016809

2005 LIMITED LIABILITY COMPANY [redacted] Annual Report

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000016809

1. Entity Name
FLORIDA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
20020 VETERANS BLVD, UNIT ~~#21~~ #22 PORT CHARLOTTE, FL 33954	20020 VETERANS BLVD, UNIT ~~#21~~ #22 PORT CHARLOTTE, FL 33954

10102005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. #22		Suite, Apt. #, etc. #22	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0838096 ☐ 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
FILEMAN, GARY T 1107 WEST MARION AVE, STE 112 PUNTA GORDA, FL 33950 X	Name DANIEL M. CUGINI Street Address (P.O. Box Number is Not Acceptable) 20020 VETERANS BLVD. #22 City PORT CHARLOTTE FL Zip Code 33954

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] DANIEL M. CUGINI 10/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 After January 1, 2006, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER DANIEL M. CUGINI 20020 VETERANS BLVD, #22 PORT CHARLOTTE, FL 33954 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER R. JEFF WEILER 20020 VETERANS BLVD, #7 PORT CHARLOTTE, FL 33954 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Reinstatement 2005 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NO penalty fees ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	np ☐ 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: [signature] DANIEL M. CUGINI 10/10/05 941 629-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #