


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 045 ****50.00

DOCUMENT # L04000016809	
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1. Entity Name
FLORIDA INVESTMENTS, LLC

Principal Place of Business
20020 VETERANS BLVD, UNIT #22
PORT CHARLOTTE, FL 33954

Mailing Address
20020 VETERANS BLVD, UNIT #22
PORT CHARLOTTE, FL 33954

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Charlotte, FL

Port Charlotte, FL

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CUGINI, DANIEL M
20020 VETERANS BLVD. #22
PORT CHARLOTTE, FL 33954

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0838096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name CUGINI, DANIEL M

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

18151 Murdock Circle

Port Charlotte

FL

Zip Code 33948

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CUGINI, DANIEL M	
STREET ADDRESS	20020 VETERANS BLVD. #22	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEILER, R. JEFF	
STREET ADDRESS	20020 VETERANS BLVD. #22	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954	

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

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

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

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

10. ADDITIONS/CHANGES

TITLE	Cugini, Daniel M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18151 Murdock Circle	
CITY - ST - ZIP	Port Charlotte, FL 33948	

TITLE	Weiler, R. JEFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20020 VETERANS BLVD, #22	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954	

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

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

DANIEL M CUGINI

1/11/07

841 628-1115

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

Date

Daytime Phone #