

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 015 ***143.75

DOCUMENT # L04000025271

1. Entity Name
AGORA SCHOOL OF REAL ESTATE, LC



Principal Place of Business
**27400 RIVERVIEW CENTER BLVD.
SUITE 7
BONITA SPRINGS, FL 34134 US**

Mailing Address
**3718 ASCOT BEND CT.
BONITA SPRINGS, FL 34134**

60019336



2. Principal Place of Business - No P.O. Box #
**27180 BAY LANDING DRIVE
SUITE, Apt. #, etc.
10**

3. Mailing Address
Suite, Apt. #, etc.

03312008 Chg-LLC CR2E083 (12/06)

City & State
**BONITA SPRINGS, FL
Zip
34135
Country
Lee**

City & State
Zip
Country

4. FEI Number
NOT APPLICABLE

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

**DICOSMO, NATALE J
3718 ASCOT BEND CT.
BONITA SPRINGS, FL 34134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

3-31-08

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICOSMO, NATALE J 3718 ASCOT BEND CT. BONITA SPRINGS, FL 34134	<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
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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

Date

Daytime Phone #

3-31-08 239-498-6700