

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90431 023 ****50.00

DOCUMENT # L04000030572

1. Entity Name:

SENA REALTY, LLC



Principal Place of Business

15524 MONTEROSSO LN
#202
NAPLES FL 34110
US

Mailing Address

15524 MONTEROSSO LN
#202
NAPLES FL 34110
US



2. Principal Place of Business

15168 BROLIO LANE

Suite, Apt. #, etc.

NAPLES

City & State
NAPLES FL

Zip
34110

Country
USA

3. Mailing Address

15168 BROLIO LANE

Suite, Apt. #, etc.

City & State
NAPLES FL

Zip
34110

Country
USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD.
SUITE 309
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SENA, ROBERT
15524 MONTEROSSO LN #202
NAPLES FL 34110 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROBERT SENNA
15168 BROLIO LANE
NAPLES FL 34110 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Sena ROBERT SENNA MGR 1-25-6

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

Date

Daytime Phone #

516
742 4262