

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000041684

1. Entity Name
MARIA DRIVE, LLC



Principal Place of Business
**3737 SAN CARLOS DRIVE
ST. JAMES CITY, FL 33956**

Mailing Address
**3737 SAN CARLOS DRIVE
ST. JAMES CITY, FL 33956**



03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**NOGALSKI, JENNIFER J ESQ
PORTER, WRIGHT, MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD., STE. 300
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000853626
03/26/08-80076-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DOERMAN, ALAN
3737 SAN CARLOS DRIVE
ST. JAMES CITY, FL 33956**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DOERMAN, PAT
3737 SAN CARLOS DRIVE
ST. JAMES CITY, FL 33956**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-7-08

239 283 4670