

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90050 007 ****50.00

DOCUMENT # L04000044243

1. Entity Name
OTERO ENTERPRISES II OF SOUTHWEST FLORIDA LLC



Principal Place of Business
**6975 40TH STREET NE
NAPLES, FL 34120**

Mailing Address
**6975 40TH STREET NE
NAPLES, FL 34120**

20028744



2. Principal Place of Business

6945 Sunnybrook Blvd

3. Mailing Address

6945 Sunnybrook Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-LLC CR2E083 (10/03)

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

20-1242333

Applied For

Not Applicable

Zip

34224

Country

USA

Zip

34224

Country

USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TIMOTHY J. COTTER PA
599 9TH STREET NORTH
#313
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **YHOVANNI OTERO**

Street Address (P.O. Box Number is Not Acceptable)
6975 40th STREET N.E.

City **NAPLES**

FL

Zip Code **34120**

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 **YHOVANNI OTERO**
Signature, typed or printed name of registered agent and title if applicable.

Thore
(NOTE: Registered Agent signature required when reinstating)

4-5-05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OTERO, YHOVANNI
6975 40TH STREET NE
NAPLES, FL 34120** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OTERO, OSVALDO F.
8509 LAUREL LAKES BLVD
NAPLES FL 34119** ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: **Thore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

4-5-05 941-474-7400
Date Daytime Phone #