

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L04000048916

1. Entity Name
NORTHSHORE PLAZA, LLC



Principal Place of Business
**2520 SAND MINE ROAD
DAVENPORT, FL 33897-3402**

Mailing Address
**PO BOX 725
ATTN: KATHY MCDANIEL
WINDERMERE, FL 34786 US**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1426175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, SCOTT E ESQUIRE
MORAN & SHAMS, P.A.
111 N. ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000901470
04/29/08-80070-005 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVERS, BERRY N 2520 SAND MINE ROAD DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHSHORE PLAZA, LLC 2800 KISSIMMEE BAY CIRCLE KISSIMMEE, FL 34744
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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:

Daniel J. Devers

2/14/13

(863)420-6699

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

Date

Daytime Phone #