

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057837

Entity Name: 5681 DIVISION LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8660 COLLEGE PARKWAY  
SUITE 100  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8660 COLLEGE PARKWAY  
SUITE 100  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-1455455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRAMONE, RALPH  
8660 COLLEGE PKWY  
SUITE 100  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GARRAMONE, RALPH R MD  
Address: 8660 COLLEGE PARKWAY STE. 100  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM  
Name: GARRAMONE, ANGELA  
Address: 8660 COLLEGE PARKWAY STE. 100  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH GARRAMONE

MGRM

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date