

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90279 026 ****50.00

DOCUMENT # L04000066531

1. Entity Name
MODERNSARASOTA INVESTMENTS, LLC



Principal Place of Business
101 GARDEN LANE
SARASOTA, FL 34242-1117

Mailing Address
P.O. BOX 3948
C/O THOMAS B. LUZIER, DUNLAP & MORAN
SARASOTA, FL 34230-3948

2. Principal Place of Business
Dunlap & Moran, P.A.

3. Mailing Address
Dunlap & Moran, P.A.

Suite, Apt. #, etc.
1990 Main Street, Ste. 700

Suite, Apt. #, etc.
PO Box 3948

City & State
Sarasota, FL

City & State
Sarasota, FL

03172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0522593

Applied For
Not Applicable

Zip
34236

Country
Sarasota

Zip
34230

Country
Sarasota

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUZIER, THOMAS B
22 S. LINK AVENUE, SUITE 300
C/O DUNLAP & MORAN, P.A.
SARASOTA, FL 34236

Name
Luzier, Thomas B. Esq.

Street Address (P.O. Box Number is Not Acceptable)
Dunlap & Moran, P.A.

1990 Main Street, Suite 700

City
Sarasota FL Zip Code
34236

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

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LIEBERMAN, MARTIE
101 GARDEN LANE
SARASOTA, FL 342421117 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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: Martie Lieberman MARTIE LIEBERMAN 3/28/2005 9413499617

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

Date

Daytime Phone #