

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000066667**

1. Entity Name

GEURDEN LIMITED LIABILITY COMPANY



Principal Place of Business

5147 WILLOW LINKS #18  
SARASOTA, FL 34235

Mailing Address

5147 WILLOW LINKS #18  
SARASOTA, FL 34235

**DO NOT WRITE IN THIS SPACE**



03062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

51-0530637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEURDEN, CHRIS  
1167 FRASER PINE BLVD  
SARASOTA, FL 34240

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GEURDEN, CHRIS
STREET ADDRESS	1167 FRASER PINE BLVD
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	MGR
NAME	GEURDEN, ROBERT M
STREET ADDRESS	5147 WILLOW LINKS #1E
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000568404  
07/07/06-80007-011 50.00

**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:** X

*Robert M. Geurden*

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

Date

Daytime Phone #