

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90093 033 ***138.75

DOCUMENT # L04000075222					
1. Entity Name ESTERO SPRINKLER SERVICE LLC					
Principal Place of Business 15270 BRIAR RIDGE CIR FT MYERS, FL 33912			Mailing Address 15270 BRIAR RIDGE CIR FT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 81-0658286				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIST, FREDERICK H 13264 BROADHURST LOOP FT MYERS, FL 33919-8122			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17191 Caloosa Trace Cir City Fort Myers FL Zip Code 33967		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GEIST, FREDERICK H 15270 BRIAR RIDGE CIR FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			Date 1/28/08 Daytime Phone #		