

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079655

1. Entity Name
SARASOTA ENERGY, L.L.C.



Principal Place of Business
**8964 BLOOMFIELD BOULEVARD
SARASOTA, FL 34238 US**

Mailing Address
**8964 BLOOMFIELD BOULEVARD
SARASOTA, FL 34238 US**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1834511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, MICHAEL S
8964 BLOOMFIELD BOULEVARD
SARASOTA, FL 34238**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STEWART, WILLIAM J 1859 NORTHGATE BLVD., SUITE #1 SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TURNER, MICHAEL S 8964 BLOOMFIELD BOULEVARD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KAISER, RAYMOND 2515 ARLINGTON STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DROLE, TOM 9751 EAGLE PRESERVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/09/07-80036-013 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: M J Turner

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

1-5-07

Date

941-924-4225

Daytime Phone #

MICHAEL J TURNER