

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000081912

1. Entity Name  
VATTER BONITA LLC



FILED

2007 APR 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3838 TAMIAMI TRAIL NORTH  
SUITE 416  
NAPLES, FL 34103 US

Mailing Address  
3838 TAMIAMI TRAIL NORTH  
SUITE 416  
NAPLES, FL 34103 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1917341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES, INC.  
3838 TAMIAMI TRAIL NORTH  
SUITE 416  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name IRC Investor Services LLC

Street Address (P.O. Box Number is Not Acceptable)

3838 Tamiami Trail North, Suite 416

City Naples

FL

Zip Code 34103

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME VATTER, JUERGEN  
STREET ADDRESS 3838 TAMIAMI TRAIL NORTH SUITE 416  
CITY-ST-ZIP NAPLES, FL 34103

TITLE MGR ☐ Delete  
NAME VATTER, MARGOT  
STREET ADDRESS 3838 TAMIAMI TRAIL NORTH SUITE 416  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500097298695  
CITY-ST-ZIP 04/18/07--01013--011 \*\*\$50.00

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

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STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #