

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000084302

1. Entity Name
RENT CONTROL, LLC



Principal Place of Business

**4509 BEE RIDGE RD
SUITE C
SARASOTA, FL 34233**

Mailing Address

**4509 BEE RIDGE RD
SUITE C
SARASOTA, FL 34233**



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1002110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, BRENDA E
4509 BEE RIDGE RD.
SUITE C
SARASOTA, FL 34233**

**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**

000000757290
05/23/07-80065-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WOLFINGER, ENOLA H
4509 BEE RIDGE RD STE C
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WOLFINGER, TIMOTHY
4509 BEE RIDGE RD STE C
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WOOD, BRENDA E
4509 BEE RIDGE RD STE C
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WELLS, JOHN L
4509 BEE RIDGE RD STE C
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Enola H. Wolfinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/07 941371 0008