

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 047 \*\*\*\*\*50.00

**DOCUMENT # L04000085180**

1. Entity Name  
**SARASOTA PROPERTY GROUP, LLC**



Principal Place of Business  
**3570 WEBBER STREET  
SARASOTA, FL 34239**

Mailing Address  
**3570 WEBBER STREET  
102  
SARASOTA, FL 34239**

**200006000**



03222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1921211**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LAYTON, MICHAEL  
3570 WEBBER STREET  
102  
SARASOTA, FL 34239**

**DO NOT WRITE  
IN THIS SPACE**

B. 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	MGRM LAYTON, MICHAEL 6548 BOWLINE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYTON, NANCY 6548 BOWLINE DRIVE SARASOTA, FL 34231
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**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:** \_\_\_\_\_

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

Date

Daytime Phone #