

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90134 022 ***138.75

DOCUMENT # L04000086938

1. Entity Name

PLS FLORIDA PROPERTY LLC



Principal Place of Business

4751 GULF SHORE BLVD. NORTH, UNIT 608
NAPLES FL 34103

Mailing Address

4751 GULF SHORE BLVD. NORTH, UNIT 608
NAPLES FL 34103



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

4501 Gulfshore Blvd. N.

3. Mailing Address

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Naples, Florida

City & State

Zip

34103

Country

Collier

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, PATRICIA L.
4751 GULF SHORE BLVD. NORTH, UNIT 608
NAPLES FL 34103

Name

Patricia L. Schrenk

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

4501 Gulfshore Blvd N.

#601

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

Patricia L. Schrenk

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's signature required when reinstating)

2-21-08

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 MGR ☐ Delete
NAME SULLIVAN, PATRICIA L
STREET ADDRESS 4751 GULF SHORE BLVD. NORTH, UNIT 608
CITY-ST-ZIP NAPLES FL 34103

TITLE MGR ☒ Change ☐ Addition
NAME Patricia L. Schrenk
STREET ADDRESS 4501 Gulfshore Blvd N. #601
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia L. Schrenk

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

2-21-08

Date

239-403-4104

Daytime Phone #