

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90123 036 \*\*\*138.75

**DOCUMENT # L04000090957**

1. Entity Name  
THOMAS M. DRYDEN, PL



Principal Place of Business  
4755 SUMMERLIN ROAD  
SUITE 4  
FORT MYERS, FL 33919

Mailing Address  
4755 SUMMERLIN ROAD  
SUITE 4  
FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #  
1342 Colonial Blvd

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Suite H-58

Suite, Apt. #, etc.

City & State  
Fort Myers FL

City & State

Zip  
33907-1013 Country USA

Zip Country

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1973626

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DRYDEN, THOMAS M  
4755 SUMMERLIN ROAD  
SUITE 4  
FORT MYERS, FL 33919

## 7. Name and Address of New Registered Agent

Name Dryden, Thomas M  
Street Address (P.O. Box Number is Not Acceptable)  
1342 Colonial Blvd. Ste H-58  
City Fort Myers FL Zip Code 33907-1013

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

**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

TITLE MGRM ☐ Delete  
NAME DRYDEN, THOMAS M  
STREET ADDRESS 4755 SUMMERLIN UNIT 4  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE MGR ☐ Delete  
NAME DRYDEN, THOMAS M  
STREET ADDRESS 4755 SUMMERLIN UNIT 4  
CITY-ST-ZIP FORT MYERS, FL 33919

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 MGRM ☒ Change ☐ Addition  
NAME Dryden, Thomas M  
STREET ADDRESS 1342 Colonial Blvd Ste H58  
CITY-ST-ZIP Ft. Myers FL 33907-1013

TITLE MGR ☒ Change ☐ Addition  
NAME Dryden, Thomas M  
STREET ADDRESS 1342 Colonial Blvd Ste H58  
CITY-ST-ZIP Ft. Myers FL 33907-1013

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:**

Thomas M. Dryden

(239) 337-2001

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

Daytime Phone #