


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90399 037 \*\*\*138.75

|  |  |  |   |
|--|--|--|---|
| DOCUMENT # L04000091460  |  |   |   |
| 1. Entity Name<br>SARASOTA JOE, LLC  |  |  |   |
| Principal Place of Business<br>1952 MAIN STREET<br>SARASOTA, FL 34236  |  | Mailing Address<br>2201 CANTU COURT<br>SUITE 106<br>SARASOTA, FL 34232   |   |
| 2. Principal Place of Business - No P.O. Box #<br>2201 Cantu Court   |  | 3. Mailing Address<br>2201 Cantu Court   |   |
| Suite, Apt. #, etc.<br>Suite 218   |  | Suite, Apt. #, etc.<br>Suite 218   |   |
| City & State<br>Sarasota, FL   |  | City & State<br>Sarasota, FL   |   |
| Zip<br>34232   | Country<br>USA   | Zip<br>34232   | Country<br>USA  |
| 6. Name and Address of Current Registered Agent<br><br>GREENBERG, RONALD L<br>1952 MAIN STREET<br>SARASOTA, FL 34236   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GREENBERG, RONALD L<br>7144 WAINSCOTT COURT<br>SARASOTA, FL 34238 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FEINROTH, JODY<br>3144 CHASE CIRCLE<br>SARASOTA, FL 34231 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>STONE, KENDALL<br>5137 FLAGSTONE DRIVE<br>SARASOTA, FL 34238 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Kendall Stone</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | 2/26/2008 941 556-2800<br>Date Daytime Phone #   |   |

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4. FEI Number 20-2074328 Applied For Not Applicable

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