

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092237

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** BUCKEYE ESTERO, LLC

**Current Principal Place of Business:**

16418 WILLOWCREST WAY  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16418 WILLOWCREST WAY  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 20-2094238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, RUTH  
16418 WILLOWCREST WAY  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCOTT, RUTH L  
**Address:** 16418 WILLOWCREST WAY  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** MGRM  
**Name:** BONKOWSKI, ED  
**Address:** 17105 SAN CARLOS BLVD., SUITE A6-114  
**City-St-Zip:** FORT MYERS, FL 33931

**Title:** MGRM  
**Name:** HENSIEN, MICHAEL J  
**Address:** 5256 SPRING CREEK LANE  
**City-St-Zip:** SYLVANIA, OH 43560

**Title:** MGRM  
**Name:** CARR, DAVID M  
**Address:** 1413 S. WYNN RD.  
**City-St-Zip:** OREGON, OH 43616

**Title:** MGRM  
**Name:** SCOTT, JOHN N  
**Address:** 3651 CHESTERTON DR.  
**City-St-Zip:** TOLEDO, OH 43615

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RUTH L. SCOTT

MANA

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date