

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90128 031 ***143.75

DOCUMENT # L05000003947

1. Entity Name
EAVES & MARINO, LLC



Principal Place of Business

JOHN P WHITE, P. A.
1575 PINE RIDGE ROAD, SUITE 10
NAPLES, FL 34109

Mailing Address

JOHN P WHITE, P. A.
1575 PINE RIDGE ROAD, SUITE 10
NAPLES, FL 34109

60021586



03132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0137332 65-0543675	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN P WHITE, P. A.
1575 PINE RIDGE ROAD
SUITE 10
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EAVES, ROBERT A
STREET ADDRESS	1215 ALGONQUIN ROAD
CITY-ST-ZIP	CROWNSVILLE, MD 21032

TITLE	MGRM
NAME	MARINO, ROBERT A
STREET ADDRESS	7807 EAGLES LIGHT LANE
CITY-ST-ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Robert A. Eaves **ROBERT A. EAVES**

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

3/19/08

Date

410 849 8086

Daytime Phone #