

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90131 016 ***138.75

DOCUMENT # L05000008342

1. Entity Name
PORTFOLIO DEVELOPMENT GROUP OF NAPLES, LLC



Principal Place of Business
**643 110TH AVE
NAPLES, FL 34108**

Mailing Address
**100 SITTERLY RD
CLIFTON PARK, NY 12065**

60010161



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

3. Mailing Address

01082008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
74-3135869

Applied For
Not Applicable

Zip Country

Zip Country

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

**QUINN, JAMES B JR
643 110TH AVE
NAPLES, FL 34108**

Name

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

City

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

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 MGR
NAME MACDONALD, DAVID ☒ Delete
STREET ADDRESS 643 110TH AVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE MGR
NAME QUINN, KEVIN M ☐ Delete
STREET ADDRESS 643 110TH AVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE MGR
NAME ROTONDO, KENNETH J ☐ Delete
STREET ADDRESS 100 SITTERLY RD
CITY-ST-ZIP CLIFTON PARK, NY 12065

TITLE MGR
NAME QUINN, JAMES B JR ☐ Delete
STREET ADDRESS 100 SITTERLY RD
CITY-ST-ZIP CLIFTON PARK, NY 12065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

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

2/21/08 5183735765

Date

Daytime Phone #