

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90067 048 ***138.75

DOCUMENT # L05000012649

1. Entity Name
MATTHEW DRIVE, LLC



Principal Place of Business

1685 MENLO RD.
FT MYERS, FL 33901 US

Mailing Address

1685 MENLO RD.
FT MYERS, FL 33901 US

60009603



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2372985

Applied For
Not Applicable

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

LUONGO, TIFFANY
9250 CORKSCREW RD
UNIT 8
ESTERO, FL 33928
1685 MENLO RD
FT MYERS, FL 33901

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

Tiffany Luongo

2-14-08

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOZAK, MICHAEL
14980 VISTA VIEW WAY, #206
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11800 BAYPORT LANE, #4
FT MYERS, FL 33908 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUONGO, TIFFANY
9250 CORKSCREW RD UNIT 8
ESTERO, FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1685 MENLO RD
FT MYERS, FL 33901 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

Tiffany Luongo

2-14-08 239-707-1700

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

Date

Daytime Phone #