

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-13-2006 90351 014 ****50.00
L05000018808

DOCUMENT # L05000018808

1. Entity Name
COTTURA FAMILY PROPERTIES, LLC



FILED

06 JUL -7 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

Mailing Address
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2580348

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

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MCCANDLESS, ROXANNE C
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Shadrick, Roxanne C.
1104 N. COLLIER BLVD.
MARCO IS, FL 34145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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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 606, Florida Statutes.

SIGNATURE: Roxanne C. Shadrick

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

3/8/06 (689)3948111

Date

Daytime Phone #