

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90062 036 ***138.75

60031016



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **38-3717554** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L05000024405

1. Entity Name
SPLIT RAIL HOMES, LLC



Principal Place of Business
3775 AIRPORT RD N
STE B
NAPLES, FL 34105 US

Mailing Address
3775 AIRPORT RD N
STE B
NAPLES, FL 34105 US

2. Principal Place of Business - No P.O. Box # **3785 Airport Rd N** 3. Mailing Address **3785 Airport Rd N**

Suite, Apt. #, etc.

Ste B-1

Suite, Apt. #, etc.

Ste B-1

City & State

Naples Florida

City & State

Naples Florida

Zip **34105**

Country **USA**

Zip **34105**

Country **USA**

6. Name and Address of Current Registered Agent

HOOVER, WILLIAM L
3775 AIRPORT ROAD NORTH
SUITE B
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name **Hoover, William L**

Street Address (P.O. Box Number is Not Acceptable) **3785 Airport Rd N**

Ste B-1

City **Naples**

FL

Zip Code **34105**

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

William L Hoover

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-08

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** ☐ Delete
NAME **CATALINA LAND GROUP, INC.**
STREET ADDRESS **3775 AIRPORT RD, N STE B**
CITY-ST-ZIP **NAPLES, FL 34105**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Catalina Land Group, Inc**
STREET ADDRESS **3785 Airport Rd N, Ste B-1**
CITY-ST-ZIP **Naples, Florida 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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.

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SIGNATURE:

William L Hoover **William L. Hoover**

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

Date

Daytime Phone #

4-24-08 403-8899