

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024622

1. Entity Name
PONDS DEVELOPMENT, LLC



FILED
Sep 23, 2008 08:00 AM
Secretary of State

Principal Place of Business
13247 LAKE POINT DRIVE
PLAINFIELD, IL 60544 US

Mailing Address
13247 LAKE POINT DRIVE
PLAINFIELD, IL 60544 US



09052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2475880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
50 CENTRAL AVENUE, SUITE 700
THE PLAZA BUILDING
SARASOTA, FL 34236

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GUINTA, MICHAEL P
13247 LAKE POINT DRIVE
PLAINFIELD, IL 60544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LAMBERT, ROBERT J
13247 LAKE POINT DRIVE
PLAINFIELD, IL 60544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000959965
09/23/08-80002-013 138.75

**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 605, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #