

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90017 005 ***138.75

DOCUMENT # L05000027266

1. Entity Name
OSTERHOLT INVESTMENTS, LLC



Principal Place of Business
**12381 COCONUT CREEK COURT
FORT MYERS, FL 33908**

Mailing Address
**12381 COCONUT CREEK COURT
FORT MYERS, FL 33908**

60002344



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2522924

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

**OSTERHOLT, DAVID
12381 COLDNUT CREEK CT
SAINT PETERSBURG, FL 33708**

Name

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

12381 COCONUT CREEK CT.

City

FT. MYERS

FL

Zip Code

33908

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

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **OSTERHOLT, DAVID B**
STREET ADDRESS **12381 COCONUT CREEK CT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

David B Osterholt

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

Date

Daytime Phone #

1-7-08

239 464-1120