

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000031135**

1. Entity Name  
**REVCO DESIGN-BUILD LLC**



Principal Place of Business  
**6573 MARISSA LOOP, SUITE 1803  
NAPLES, FL 34108**

Mailing Address  
**6573 MARISSA LOOP, SUITE 1803  
NAPLES, FL 34108**



01112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2600706**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FISHER, JOHN  
6573 MARISSA LOOP  
SUITE 1803  
NAPLES, FL 34108-7200**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **FISHER, JOHN H**  
STREET ADDRESS **6573 MARISSA LOOP, SUITE 1803**  
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **ST**  
NAME **FISHER, JOHN H**  
STREET ADDRESS **6573 MARISSA LOOP, SUITE 1803**  
CITY-ST-ZIP **NAPLES, FL 34108**

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**DO NOT WRITE  
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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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

**JOHN FISHER**

**01.22.07**

**239 566 1902**