

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 11, 2008 08:00 A
Secretary of State**

DOCUMENT # L05000033735

1. Entity Name
2215-2275 WINKLER, LLC



Principal Place of Business

8140 COLLEGE PKWY. #105
FORT MYERS, FL 33919 US

Mailing Address

8140 COLLEGE PKWY. #105
FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-2632052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, CONSTANCE A
8140 COLLEGE PKWY. #105
FORT MYERS, FL 33919

**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

1-7-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DEAN, CONSTANCE A
STREET ADDRESS 8140 COLLEGE PKWY. #105
CITY- ST- ZIP FORT MYERS, FL 33919

TITLE MGRM
NAME HAUSER, PETER T
STREET ADDRESS 8140 COLLEGE PKWY. #105
CITY- ST- ZIP FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

U000000780791
01/15/08-800006-018 138.75

**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 608, Florida Statutes

SIGNATURE:

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

Date

Daytime Phone #

1-7-08

239.939.7721