

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000037802

1. Entity Name
925 SE 11TH AVENUE, L.L.C.



Principal Place of Business
2018 S.E. 21ST STREET
CAPE CORAL, FL 33990

Mailing Address
2018 S.E. 21ST STREET
CAPE CORAL, FL 33990



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2711126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOW, DALE
2018 S.E. 21ST STREET
CAPE CORAL, FL 33990

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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 _____

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

000000598721
01/24/07-80086-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOW, DALE A 2018 S.E. 21ST STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOW, JON M 7 OREGON AVENUE OLD ORCHARD BEACH, ME 04064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT M. DE RUPO, P.A. 2219 S.E. 10TH LANE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT VIERA, P.A. 1411 S.E. 39TH TERRACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Dale A Blow

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

1-18-07

Date

239-772-9354

Daytime Phone #