

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90077 049 ****50.00

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1. Entity Name
REPUBLIC LAND HOLDINGS, 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**



04272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4472201

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLOW, DALE A
2018 S.E. 21ST STREET
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLOW, JON M
2028 SW 14TH PLACE
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERT VIERA, P.A.
1411 S.E. 39TH TERRACE
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERT DE RUPO, P.A.
2219 S.E. 10TH LANE
CAPE CORAL, FL 33990**

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 Blow

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

4-27-07

Date

239-722-9354

Daytime Phone #