

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000051010

1. Entity Name
PBC OF SOUTHWEST FLORIDA LLC



Principal Place of Business
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

Mailing Address
8825 TAMiami TRAIL EAST
NAPLES, FL 34113



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3078503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOBROW, JOEL
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

**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 _____

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

U00000913852
05/08/08-80033-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOBROW, JOEL
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARNER, ULRIKE
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DELANGE, MARGARET
8825 TAMiami TRAIL EAST
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE LANGE-BREWER, BIRGIT
8825 TAMiami TR EAST
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

4/16/08

239-774-5331