

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90339 022 ****50.00

EPDVNF0U1\$ L05000054841 2/ Entity Name STORTER'S RETREAT, L.L.C.			
Principal Place of Business 970 AQUA LANE FORT MYERS, FL 33919		Mailing Address 970 AQUA LANE FORT MYERS, FL 33919	
3/ Principal Place of Business - No P.O. Box # 970 Aqua Lane Suite, Apt. #, etc.		4/ Mailing Address 970 Aqua Lane Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33919		Zip 33919	
Country U.S.		Country U.S.	
5/ FEI Number 56-2526418		Applied For ☐ Not Applicable	
6/ Certificate of Status Desired ☐		9/11 Beejupobm Gf1Sfrvjd e	
7/ Obn f lboelBeeft t t lpgDvef ouSf hjt u f e lBhf ou RANDOLPH, MICHAEL D ESQ. 1619 JACKSON STREET FORT MYERS, FL 33901		8/ Obn f lboelBeeft t t lpgDvef ouSf hjt u f e lBhf ou Name Michael D Randolph Street Address (P.O. Box Number is Not Acceptable) 2235 First Street City Fort Myers FL Zip Code 33901	
9/ 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 		DATE 3/27/07	
Filing Fee is \$50.00 Due by May 1, 2007		Nb1f d1 f d1 qbzberh up Gpsleb Ef qbsan foupgTubf	
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE MGRM	NAME GRIFFIN, GARY H	TITLE 	NAME
STREET ADDRESS 970 AQUA LANE	CITY-ST-ZIP FORT MYERS, FL 3391	STREET ADDRESS 	CITY-ST-ZIP
TITLE MGRM	NAME GRIFFIN, JULIE D	TITLE 	NAME
STREET ADDRESS 970 AQUA LANE	CITY-ST-ZIP FORT MYERS, FL 33919	STREET ADDRESS 	CITY-ST-ZIP
TITLE MGRM	NAME DEAN, JONATHAN	TITLE 	NAME
STREET ADDRESS 11385 RANCHETTE ROAD	CITY-ST-ZIP FORT MYERS, FL 33912	STREET ADDRESS 	CITY-ST-ZIP
TITLE MGRM	NAME DEAN, MERRY	TITLE 	NAME
STREET ADDRESS 11385 RANCHETTE ROAD	CITY-ST-ZIP FORT MYERS, FL 33912	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
22/ 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.			
T.HOBUSF:		4/25/07 (239) 275-7380	