

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90201 021 ***138.75

DOCUMENT # L05000061824

1. Entity Name
RUM BAY, LLC



Principal Place of Business
**2975 BOBCAT VILLAGE CENTER ROAD
SUITE 100
NORTH PORT, FL 34288 US**

Mailing Address
**C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US**

60014706



2. Principal Place of Business - No P.O. Box #
4037 Del Prado Blvd S.
Suite, Apt. #, etc.

3. Mailing Address
4037 Del Prado Blvd S.
Suite, Apt. #, etc.

03102008 Chg-LLC CR2E083 (12/06)

City & State
Cape Coral, FL
Zip
33904 Country
US

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Cape Coral, FL
Zip
33904 Country
US

4. FEI Number
20-3033904
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HACKETT, JACK O II
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KANE, MICHAEL O
2975 BOBCAT VILLAGE CENTER ROAD, STE. 100
NORTH PORT, FL 34288** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAAG, BRIAN
4037 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SPITLER, JOHN
5223 SEMINOLE CT
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4037 Del Prado Blvd S.
Cape Coral, FL 33904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1800 MARINA cir.
N. Ft. Myer FL 33904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #