

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061909

1. Entity Name
LITTLE HARBOUR, L.L.C.



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
5704 NUTMEG AVE
SARASOTA, FL 34231

Mailing Address
5704 NUTMEG AVE
SARASOTA, FL 34231



07112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3143575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THEODORE
2033 MAIN STREET, SUITE 100
SARASOTA, FL 34237

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HENTSCHEL, RAINER
STREET ADDRESS	106 WEST CLEVELAND BAY CT
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	MGRM
NAME	RUBIN-HENTSCHEL, ANN
STREET ADDRESS	106 WEST CLEVELAND BAY CT
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	MGRM
NAME	WIELER, WOLFGANG
STREET ADDRESS	726 SYMMETRY COURT
CITY-ST-ZIP	BOILING SPRINGS, SC 29316
TITLE	MGRM
NAME	WIELER, SYBILLE
STREET ADDRESS	726 SYMMETRY COURT
CITY-ST-ZIP	BOILING SPRINGS, SC 29316
TITLE	MGRM
NAME	DABRINGHAUS, SHIRLEY
STREET ADDRESS	5704 NUTMEG AVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	HUNDERT, JOEL
STREET ADDRESS	57 YOUNG STREET
CITY-ST-ZIP	HAMILTON ONTARIO CANADA,

U000000954669
07/14/08-80010-004 138.75

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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: _____

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

7/11/08

Date

941-923-3351

Daytime Phone #