

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-23-2007 90209 035 ****50.00

DOCUMENT # L05000064429

1. Entity Name

UTICA LANDSHORE, LLC



Principal Place of Business

51410 MILANO DRIVE
MACOMB MI 48042

Mailing Address

51410 MILANO DRIVE
MACOMB MI 48042

30003855



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-3033748

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERLITO, ANTHONY
UNIT 405
14200 ROYAL HARBOUR CT
FORT MYERS FL 33908

Name

Anthony J. Ferlito

Street

9350 Bay Plaza Boulevard

Suite

Suite 120-25

City

Tampa, FL 33619

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 fee applicable

(Not to be signed by Agent or person retained when registering)

DATE

2-12-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete
NAME: FERLITO, ANTHONY
STREET ADDRESS: 27087 GRATIOT AVE
CITY-STATE-ZIP: ROSEVILLE MI 48066

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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CITY-STATE-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/26/07

Date

Daytime Phone #