

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000065550**

**1. Entity Name**  
**LINGER LODGE RV, L.L.C.**



**Principal Place of Business**  
**7205 LLINGER LODGE RD**  
**BRADENTON, FL 34202**

**Mailing Address**  
**P.O. BOX 49586**  
**SARASOTA, FL 34230**



04282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-3092031**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**KAPLAN, MARVIN**  
**50 CENTRAL AVE. #1702**  
**SARASOTA, FL 34236**

**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**

U00000943186  
05/29/08-80050-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>KAPLAN, MARVIN</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 49586</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA, FL 34230</b>
<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>BENNETT, MICHAEL</b>
<b>STREET ADDRESS</b>	<b>7056 HAWKES HARBOR CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>BRADENTON, FL 34207</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

4/29/08

Date

941-587-9000

Daytime Phone #