

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L05000079148

1. Entity Name
THE LANDOVER GROUP, LLC



Principal Place of Business
**3609 COTTAGE CLUB LANE
NAPLES, FL 34105**

Mailing Address
**3609 COTTAGE CLUB LANE
NAPLES, FL 34105**



01302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3326774	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**TRAPASSO, JILL
3609 COTTAGE CLUB LANE
NAPLES, FL 34105**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAPASSO, JILL 3609 COTTAGE CLUB LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNSIDE, JANET 9410 GREENVILLAVE DALLAS, TX 75243
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02/20/08-80001-002 138.75

**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: Jill Trapasso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/08 239-860-0498
Date Daytime Phone #