

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000080059

1. Entity Name
FLORIDA COMMERCIAL PROPERTY MANAGEMENT, LLC



Principal Place of Business
**729 COLORADO AVENUE
STUART, FL 34994**

Mailing Address
**729 COLORADO AVENUE
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE



02052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1760839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AYDELOTTE, W. THOMAS
729 COLORADO AVENUE
STUART, FL 34994**

**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 AYDELOTTE, ALEXANDER 729 COLORADO AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYDELOTTE, W. THOMAS 729 COLORADO AVE STUART, FL 34994
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04/03/08-80012-010 138.75

**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:

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

2/27/08

Date

772-223-3646

Daytime Phone #