

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082013

Entity Name: VILLAGE PORT, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3300 TAMIAMI TRAIL, SUITE 102-A  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

3300 TAMIAMI TRAIL, SUITE  
STE 102-A  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

3300 TAMIAMI TRAIL, SUITE  
STE 102-A  
PORT CHARLOTTE, FL 33952

FEI Number: 20-4229465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLMES, DAVID A  
FARR FARR EMERICH HACKETT AND CARR, P.A.  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

MARK, ASPERILLA O MD  
3300 TAMIAMI TRAIL  
SUITE 102-A  
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: MARK ASPERILLA

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ASPERILLA, MARK O MD  
Address: 3300 TAMIAMI TRAIL, SUITE 102A  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARK ASPERILLA

MGR

04/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date