

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000083200

1. Entity Name

DRIFTWOOD LEASING COMPANY, LLC



Principal Place of Business

5051 N TAMiami TRAIL
NAPLES, FL 34103

Mailing Address

5051 N TAMiami TRAIL
NAPLES, FL 34103



02212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0567885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAZELETT, CRAIG
208 MONTEREY DRIVE
NAPLES, FL 34119

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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
HAZELETT, CRAIG
208 MONTEREY DRIVE
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HAZELETT, GARY
190 CAJEPAT DRIVE
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HAZELETT, BRAD
297 SAWGRASS CT
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
LEMAY, DAVID
445 PALM RIVER BLVD.
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000329880
05/21/08-80086-023 138.75

**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

Date

Daytime Phone #

4-23-08

239-261-0328