

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 022 ***138.75

DOCUMENT # L05000083862

1. Entity Name
PARKER PROMENADE, LLC



Principal Place of Business
**9001 DANIELS PARKWAY
SUITE 200
FORT MYERS, FL 33912 US**

Mailing Address
**9001 DANIELS PARKWAY
SUITE 200
FORT MYERS, FL 33912 US**

50004679



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3355534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602**

Name **STEPHEN J. MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)

201 N. FRANKLIN STREET, SUITE 2100

City **TAMPA**

FL

Zip Code **33602**

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

Stephen J. Mitchell

4/2/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **REISMAN, JOHN**
STREET ADDRESS **9001 DANIELS PKWY SUITE 200**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Elaine M. Stultz**

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

ELAINE M. STULTZ

4/4/08

Date

239-481-5040 x 206

Daytime Phone #