## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## DOCUMENT # L05000084887

1. Entity Name

TOLLGATE BUSINESS PARK, LLC



**FILED** May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

3825 BECK BLVD

#721 NAPLES, FL 34114 Mailing Address

3825 BECK BLVD

#721

NAPLES, FL 34114



## DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3477615 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GODE, LARRY J 3825 BECK BLVD #721

NAPLES, FL 34114

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

U00000946888 05/30/08-80067-012 138.75

,		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GODE, LARRY J 3825 BECK BLVD #721 NAPLES, FL 34114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS _CITY-ST-ZIP		

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** 

MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #