

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 07, 2008 8:00 am
Secretary of State

06-06-2008 90104 019 ***138.75

DOCUMENT # L05000087352					
1. Entity Name DUNES ZONE I, LLC					
Principal Place of Business 3555 TANAGER DRIVE ERIE, PA 16506-1135			Mailing Address 3555 TANAGER DRIVE ERIE, PA 16506-1135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0805486	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ (NOTE: Registered Agent signature required when renaming)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZONE, DONALD D 3555 TANAGER DRIVE ERIE, PA 165061135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZONE, MARY LOUISE 3555 TANAGER DRIVE ERIE, PA 165061135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: _____		
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		

30010750



06052008 Chg-LLC CR2E083 (12/06)

FL

Zip Code

814 397 5647