

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000090098

1. Entity Name
THE ABBY ROSE PROPERTIES, LLC



Principal Place of Business
**6987 GREENTREE DRIVE
NAPLES, FL 34108**

Mailing Address
**C/O WENTZEL BERRY
801 LAUREL OAK DR #303
NAPLES, FL 34108**



02052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3463398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, DOUGLAS A
6987 GREENTREE DRIVE
NAPLES, FL 34108**

**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 _____

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**

U000000936812
05/27/08-80025-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCGANN, ROBERT
STREET ADDRESS	6987 GREENTREE DRIVE
CITY- ST- ZIP	NAPLES, FL 34108
TITLE	MGR
NAME	HOBACA, PAUL J
STREET ADDRESS	1713 SW HEALTH PKWY SUITE 1
CITY- ST- ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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: _____

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

Date

Daytime Phone #