

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 013 ****50.00

DOCUMENT # L05000093706

1. Entity Name
HIDDEN HARBOR PLAZA, LLC



Principal Place of Business
~~7800 UNIVERSITY POINTE DRIVE, SUITE 100~~
~~FORT MYERS, FL 33907~~

Mailing Address
~~7800 UNIVERSITY POINTE DRIVE, SUITE 100~~
~~FORT MYERS, FL 33907~~

60021588



2. Principal Place of Business - No P.O. Box #
14220 Royal Harbour Ct

3. Mailing Address
14220 Royal Harbour Ct

Suite, Apt. #, etc.
S10

Suite, Apt. #, etc.
S10

02282007 Chg-LLC CR2E083 (12/06)

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number
20-3515022

Applied For
Not Applicable

Zip
33908

Country
US

Zip
33908

Country
US

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

~~SHEA, JOHN J~~
~~260 SOUTH OSPREY AVENUE~~
~~SUITE 100~~
~~SARASOTA, FL 34236~~

Name **Frank D'Alessandro**
Street Address (P.O. Box Number is Not Acceptable)
14220 Royal Harbour Ct
S10
City **Fort Myers** **FL** Zip Code **33908**

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. **Frank D'Alessandro**

SIGNATURE **Frank D'Alessandro**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/07
DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **41 AND ALICO, LLC**
STREET ADDRESS ~~7800 UNIVERSITY POINTE DRIVE, SUITE 100~~
CITY-STATE-ZIP ~~FORT MYERS, FL 33907~~

TITLE ☒ Change ☐ Addition
NAME **14220 Royal Harbour Ct #S10**
STREET ADDRESS **Fort Myers, FL 33908**
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: **Manager**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/07
Date

239-425-8469
Daytime Phone #