

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

DOCUMENT # L05000097462

1. Entity Name
MIRACLE PLAZA FM, LLC



Principal Place of Business
4224 CLEVELAND AVE
SUITE #1
FT. MYERS, FL 33901

Mailing Address
4224 CLEVELAND AVE.
SUITE #1
FORT MYERS, FL 33901

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

3. Mailing Address

711 Tarpon Bay Rd

P.O. Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

Sanibel FL
33957 USA

Sanibel FL
33957 USA

4. FEI Number

20-3756259

Applied For

Not Applicable

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

KRISE, RANDY L
4224 CLEVELAND AVE
SUITE #1
FT. MYERS, FL 33901

Name

Steven Mackesy

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

City

Sanibel

FL

Zip Code

33957

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

4/20/08

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME HANSON, DARRELL M
STREET ADDRESS 2500 MAIN STREET
CITY-ST-ZIP FT. MYERS BEACH, FL 33931 ☐ Delete

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

TITLE MGRM
NAME HANSON, MATTHEW W
STREET ADDRESS 2500 MAIN STREET
CITY-ST-ZIP FT. MYERS BEACH, FL 33931 ☐ Delete

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

TITLE MGRM
NAME RAMBO, CLARK G
STREET ADDRESS 1486 SAND CASTLE ROAD
CITY-ST-ZIP SANIBEL, FL 33957 ☐ Delete

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

TITLE MGRM
NAME KRISE, RANDY L
STREET ADDRESS 1417 STEELE STREET
CITY-ST-ZIP FORT MYERS, FL 33901 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #