

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90041 038 ***138.75

60001137



01062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3796015

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R ESQ.
21175 OLEAN BLVD.
PORT CHARLOTTE, FL 33952-6706

7. Name and Address of New Registered Agent

Name **McKinley, Michael, R Esq.**

Street Address (P.O. Box Number is Not Acceptable)
18401 Murdock Circle

City **Port Charlotte, FL** Zip Code **33948**

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 Michael R. McKinley January 7, 2008
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MCKINLEY, MICHAEL R**
STREET ADDRESS **21175 OLEAN BLVD.**
CITY- ST- ZIP **PORT CHARLOTTE, FL 339526706**

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10. ADDITIONS/CHANGES

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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: Michael R. McKinley January 7, 2008 941-627-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #