

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111354

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** 791 10TH STREET SOUTH, #202, LLC

**Current Principal Place of Business:**

240 1ST AVENUE NORTH  
NAPLES, FL 341025922

**New Principal Place of Business:**

240 1ST AVENUE NORTH  
SUITE #202  
NAPLES, FL 34102 US

**Current Mailing Address:**

791 TENTH STREET SOUTH  
SUITE #301  
NAPLES, FL 341025922

**New Mailing Address:**

791 TENTH STREET SOUTH  
SUITE #301  
NAPLES, FL 34102 US

FEI Number: 20-3816931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLDAVINI, MATTHEW J P.A.  
791 TENTH STREET SOUTH  
SUITE #301  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SOLDAVINI, MATTHEW J  
Address: 240 1ST AVENUE NORTH  
City-St-Zip: NAPLES, FL 341025922

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SOLDAVINI, MATTHEW J  
Address: 240 1ST AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW J. SOLDAVINI

MGR.

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date