

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90048 050 ****50.00

DOCUMENT # L05000114844

1. Entity Name
378 6TH STREET SOUTH, L.L.C.



Principal Place of Business
2100 TRADE CENTER WAY
SUITE D
NAPLES, FL 34109

Mailing Address
2100 TRADE CENTER WAY
SUITE D
NAPLES, FL 34109

40031198



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

68-0617202

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

SKRIVAN, KENT A ESQ.
LAW OFFICES OF KENT A. SKRIVAN, PLLC
801 LAUREL OAK DRIVE, STE. 705
NAPLES, FL 34108

Name

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

City

FL

Zip Code

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
MGR
378 6TH STREET SOUTH DEVELOPERS, INC.
2100 TRADE CENTER WAY, STE. D
NAPLES, FL 34109 ☐ Delete

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

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CITY, ST, ZIP
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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 696, Florida Statutes.

SIGNATURE:

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

DATE

EXPIRATION DATE