

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90127 044 \*\*\*138.75

**DOCUMENT # L05000119852**

1. Entity Name  
**LINKSIDE CAFE, L.L.C.**



Principal Place of Business  
**5789 CAPE HARBOUR DRIVE, SUITE 201  
CAPE CORAL, FL 33914**

Mailing Address  
**5789 CAPE HARBOUR DRIVE, SUITE 201  
CAPE CORAL, FL 33914**

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-3935070**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE, SUITE 350  
FT. MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	STOUT, WILLIAM J JR.
STREET ADDRESS	5789 CAPE HARBOUR DRIVE, SUITE 201
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VP
NAME	Dearden, Craig A.
STREET ADDRESS	5789 Cape Harbour Dr. Suite 201
CITY-ST-ZIP	Cape Coral FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

*William J Stout Jr*

*3-25-08*

Date

*239-541-1372*

Daytime Phone #