

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90077 024 \*\*\*\*55.00

**DOCUMENT # L05000121158**

1. Entity Name  
**COLE TREELINE, LLC**



Principal Place of Business  
**12344 TREELINE AVENUE  
SUITE 6  
FORT MYERS, FL 33913 US**

Mailing Address  
**12344 TREELINE AVENUE  
SUITE 6  
FORT MYERS, FL 33913 US**

**60021353**



2. Principal Place of Business - No P.O. Box #  
**12244 Treeline Ave**

3. Mailing Address  
**12244 Treeline Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007 Chg-LLC CR2E083 (12/06)

**#6**

**#6**

4. FEI Number

**65-1136859**

Applied For

Not Applicable

City & State

City & State

**Fort Myers, FL**

**Fort Myers, FL**

Zip

Country

Zip

Country

**33913**

**lee**

**33913**

**lee**

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

**COLE, JOHN E  
12344 TREELINE AVENUE  
SUITE 6  
FORT MYERS, FL 33913**

Name

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

**12244 Treeline Ave #6**

City

**Fort Myers**

FL

Zip Code

**33913**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
COLE, JOHN E  
11210 BENT PINE DRIVE  
FORT MYERS, FL 33913** ☐ 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  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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:

*Elisha Pagliaro*

**Elisha Pagliaro**

**3/2/07**

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

Date

Daytime Phone #