2008 LIMITED LIA-ILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State

DOCUMENT # L05000122851	D	DCUM	ENT#	L050001	22851	
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1. Entity Name

12110 SIESTA DRIVE LLC



Principal Place of Business

Mailing Address

18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931

18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931



DO NOT WRITE IN THIS SPACE

| 01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4143239

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JONI Q 18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

		114	71110 017102
	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agen) signature required when renstating)	DAYE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		· · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		U00000888122
NAME	HALL, CHRISTOPHER W		04/08/08-80015-024 138.75
STREET ADDRESS	18200 OLD PELICAN BAY DRIVE		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		
TITLE	MGRM		
NAME	HALL, JONI Q		
STREET ADDRESS	18200 OLD PELICAN BAY DR		, ,
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		, ,
TITLE			
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11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

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

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