

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000004140

1. Entity Name  
DAVID AND NAVA OTTENBERG LLC



Principal Place of Business  
201 SE 2ND AVE  
STE 114 OF UNION STREET STATION CONDO  
GAINESVILLE, FL 32601

Mailing Address  
201 SE 2ND AVE  
STE 114 OF UNION STREET STATION CONDO  
GAINESVILLE, FL 32601

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



07052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4099228

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LUCKEY, JOHN  
4045 NW 43RD ST  
STE A  
GAINESVILLE, FL 32606

**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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
OTTENBERG, DAVID  
201 SE 2ND AVE STE 114  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
OTTENBERG, NAVA  
201 SE 2ND AVE STE 114  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000953674  
07/09/08-80001-016 138.75

**DO NOT WRITE  
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:**

*David Ottenberg*  
David Ottenberg

7-7-08

352 376-1769

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

Date

Daytime Phone #