

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000004297**

1. Entity Name  
**RIGGS COMMERCIAL, LLC**



Principal Place of Business  
**9420 BONITA BEACH ROAD  
SUITE 200  
BONITA SPRINGS, FL 34135**

Mailing Address  
**9420 BONITA BEACH ROAD  
SUITE 200  
BONITA SPRINGS, FL 34135**



01192008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4632708**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**WIEBEL, DOUGLAS E  
9420 BONITA BEACH ROAD  
SUITE 200  
BONITA SPRINGS, FL 34135**

**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	MGRM
NAME	MARINO, ANTHONY
STREET ADDRESS	PO BOX 1046
CITY-ST-ZIP	BONITA SPRINGS, FL 34133
TITLE	MGRM
NAME	BARTEL, JAMES A
STREET ADDRESS	12171 COLLIER'S RESERVE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	MGRM
NAME	WIEBEL, DOUGLAS E
STREET ADDRESS	9420 BONITA BEACH RD SUITE 200
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000796340  
01/29/08-80031-001 138.75

**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:** \_\_\_\_\_

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

*Douglas E. Wiebel*  
**Douglas E. Wiebel**

**1/22/08 239-992-6211**

Date

Daytime Phone #