2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # L0600004680 1. Entity Name JANET F. KETTELER LLC					,	04-13-2007	90034 0	20 ****	50.00
Principal Place of Business 22270 BANYAN HIDEAWAY DRIVE BONITA SPRINGS, FL 34135		Mailing Address 22270 BANYAN HIDEAWAY DRIVE BONITA SPRINGS, FL 34135		1	SSIN ANNI BANI ARNI ARNI	. 88/14 884/1 8/84		10 4 III 1 7 71	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numbe	r	· · ·		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$	5.00 Add ee Require	itional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered A	ent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable) City Zip Code					
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 a	and title if applicable. (NOTE	E. Registered Aç	gent signature required	I when reinstating)		DATE		
Fi D				Make check payable to Florida Department of State					
9.	9. MANAGING MEMBERS/MANAGERS 10.			ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KETTELER, JANET F 22270 BANYAN HIDEAWAY DRI BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET A	ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS				☐ Change	Addition
TITLE			TITLE					Change	Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Janes J. Letter Janes F. Ke Heler 1-29-07 234-846-4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone H