

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90391 001 ***450.00

DOCUMENT # L06000006635

1. Entity Name
VOGUE PLACE, LLC



Principal Place of Business
**3675 BROADWAY STREET
FORT MYERS, FL 33901 US**

Mailing Address
**3675 BROADWAY STREET
FORT MYERS, FL 33901 US**

30000969



2. Principal Place of Business - No P.O. Box #
3675 Broadway Street

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-LLC CR2E083 (12/06)

City & State
Fort Myers, Florida

City & State

4. FEI Number
20-4136219

Applied For
Not Applicable

Zip
33901

Country
USA

Zip

Country

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

**MAHER, ROBERT T
1601 JACKSON STREET
SUITE 201
FORT MYERS, FL 33901**

Name
Ray Suprenard
Street Address (P.O. Box Number is Not Acceptable)
3675 Broadway Street
City
Fort Myers, FL Zip Code
33901

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 *Ray Suprenard* (NOTE: Registered Agent signature required when reinstating) DATE 2/14/07

**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 MOORE, DAVID A 3675 BROADWAY FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ray Suprenard 3675 Broadway Street Fort Myers, Florida 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ray Suprenard* 2/14/07 234-728-7400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #