

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90036 046 ***138.75

DOCUMENT # L06000023417

1. Entity Name
FLORIDA PROPERTY CONSULTING, LLC



Principal Place of Business
2816 SAILORS WAY
NAPLES, FL 34109

Mailing Address
2816 SAILORS WAY
NAPLES, FL 34109

2. Principal Place of Business - No P.O. Box #
3252 PONCE DE LEON DR

3. Mailing Address
3252 PONCE DE LEON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
34105

Country
USA

Zip
34105

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAUNDERS, NICOLE C
2816 SAILORS WAY
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SAUNDERS, NICOLE C
2816 SAILORS WAY
NAPLES, FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

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

Date

Daytime Phone #

4/29/2008 239.595.4081