

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000031372

1. Entity Name
VILA ALGARVE, LLC



Principal Place of Business

665 S. ORANGE AVENUE
SUITE 1
SARASOTA, FL 34236 US

Mailing Address

665 S. ORANGE AVENUE
SUITE 1
SARASOTA, FL 34236 US



03082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4663680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTLE, W. THORNING
665 S. ORANGE AVENUE
SARASOTA, FL 34236

**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

U000000858727
04/01/08-80056-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LITTLE, W. THORNING
STREET ADDRESS	665 S. ORANGE AVE., STE 1
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	JARABEK, BARBARA N
STREET ADDRESS	103 S. WASHINGTON DR.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	OLIVEIRA, GILBERT C
STREET ADDRESS	1191 HIGHLAND AVENUE
CITY-ST-ZIP	FALL RIVER, MA 02720
TITLE	MGRM
NAME	AUDETTE, CINDY L
STREET ADDRESS	503 HIGHLAND AVENUE
CITY-ST-ZIP	FALL RIVER, MA 02720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Wm. THORNING Little
MGR

Date

3/09/08

Daytime Phone #

(941) 365-9284