

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90074 013 \*\*\*138.75

**DOCUMENT # L06000032920**

1. Entity Name  
872 LIMPET DRIVE, LLC



Principal Place of Business  
1149 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

Mailing Address  
1149 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

60041338



04222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1777275

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BURNS, JOSEPH  
~~1149 PERIWINKLE WAY~~ 15811 San Antonio Ct.  
SANIBEL ISLAND, FL 33957 Ft. Myers, FL 33908

**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

*Joseph M Burns* Joseph M Burns

4.23.08

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 MGR  
NAME BURNS, JOSEPH  
STREET ADDRESS ~~1149 PERIWINKLE WAY~~ 15811 San Antonio Ct.  
CITY-ST-ZIP SANIBEL ISLAND, FL 33957 Ft. Myers, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Joseph M Burns* Joseph M Burns

4.23.08

239 410 7516

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

Date

Daytime Phone #