

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-25-2007 90090 017 ****50.00
L06000039034

DOCUMENT # L06000039034

1. Entity Name
FREESTROH, L.L.C.



FILED

2007 OCT 15 P 2:12

SECRETARY OF STATE



Principal Place of Business
2828 TAMiami TRAIL NORTH
NAPLES, FL 34103

Mailing Address
2828 TAMiami TRAIL NORTH
NAPLES, FL 34103

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4694565

Applied For

Not Applicable

Zip

Country

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

GRANT, SCOTT M ESQ.
3337 TAMiami TRAIL N.
NAPLES, FL 34103

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 sole if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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-STATE-ZIP
MGRM
FREEMAN, RONALD
2828 TAMiami TRAIL NORTH
NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
STROHMEYER, JON
2828 TAMiami TRAIL NORTH
NAPLES, FL 34103 ☐ Delete

TITLE
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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:

RONALD S. FREEMAN

1-22-07

239-777-6480

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

Date

Telephone Phone #