

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90127 010 ***138.75

DOCUMENT # L06000063327

1. Entity Name

5148 BEACH ROAD OF SARASOTA, LLC



Principal Place of Business

~~1237 N. GULFSTREAM AVENUE~~
~~SARASOTA, FL 34236~~

313 Lookout Point Dr.
Osprey FL 34229

Mailing Address

~~1237 N. GULFSTREAM AVENUE~~
~~SARASOTA, FL 34236~~

313 Lookout Point Dr.
Osprey FL 34229



03202008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number

20-5103312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, MICHAEL J
200 SOUTH 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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROFFERS, CHAD
STREET ADDRESS 222 OSPREY POINT DR
CITY-ST-ZIP OSPREY, FL 34229

TITLE MGR
NAME BROWN, CHRISTOPHER
STREET ADDRESS 313 LOOKOUT POINT DR
CITY-ST-ZIP OSPREY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/20/08