

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064716

**FILED**  
**Apr 14, 2008**  
**Secretary of State**

**Entity Name:** FLORAYNE SNYDER RENTAL, LLC

**Current Principal Place of Business:**

1315 SHADOW LANE  
FT. MYERS, FL 33919

**New Principal Place of Business:**

1315 SHADOW LANE  
FT. MYERS, FL 33901

**Current Mailing Address:**

1315 SHADOW LANE  
FT. MYERS, FL 33919

**New Mailing Address:**

1315 SHADOW LANE  
FT. MYERS, FL 33901

FEI Number: 20-5111116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOENFELD, LOWELL S  
1380 ROYAL PALM SQUARE BLVD.  
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

FLORAYNE, FLORAYNE C PRES  
1315 SHADOW LANE  
FORT MYERS, FL 33901 US

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.

SIGNATURE: FLORAYNE C SNYDER

04/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SNYDER, FLORAYNE C  
Address: 1315 SHADOW LANE  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: SNYDER, FLORAYNE C  
Address: 1315 SHADOW LANE  
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLROAYNE C SNYDER

PRES

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date