

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90139 026 ****50.00

DOCUMENT # L06000065232 1. Entity Name SANDBANKS, LLC					
Principal Place of Business % DAVID C. BOURGEAU 2375 TAMiami TRAIL NORTH, STE. 308 NAPLES FL 34103			Mailing Address % DAVID C. BOURGEAU 2375 TAMiami TRAIL NORTH, STE. 308 NAPLES FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5124700	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOURGEAU, DAVID C ESQ. SWALM, BOURGEAU & DAVIES, P.A. 2375 TAMiami TRAIL NORTH, STE. 308 NAPLES FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR	NAME BRANKSOME, LLC			☐ Change ☐ Addition	
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 308	STREET ADDRESS			☐ Change ☐ Addition	
CITY, ST, ZIP NAPLES FL 34103	CITY, ST, ZIP			☐ Change ☐ Addition	
☐ Delete	☐ Delete			☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					