

FILED Apr 25, 2007 8:00 am

DOCUMENT # L06000071454 1. Entity Name ANN BOLGER CATES, P.T., LLC				O4-25-2007 90033 036 ****50.00
Principal Plac	ce of Business	Mailing Address		-
121 GABRIEI		121 GABRIEL CIRCLE		60040065
#7 Naples, Fl	34104	#7 Naples, FL 34104		I INCHES DA SENS AINI BOIL BON SON SON SEN SEN SEN SEN SEN SEN SEN SEN SEN SE
Principal Place of Business - No P.O. Box #		3. Mailing Address	·	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	* 12	02082007 Chg-LLC CR2E083 (12/06)
City & Stat	e	City & State		4. FEI Number Applied For フロー 5 ス 7 4 9 6 9 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	· ·	7. Name and Address of New Registered Agent
500TH 0	ATUEDINE ALODA		Name	
FOSTH, CATHERINE M CPA 501 GOODLETTE RD N D304			Street Address	s (P.O. Box Number is Not Acceptable)
NAPLES, I	FL 34102			
			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	l registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Penictural Agent signature reco	
			negistereti ngerit algristore requ	ired when reinstating) DATE
F	iling Fee is \$50.00 lue by May 1, 2007		. Tregistered myeric sagnature requ	Make check payable to Fiorida Department of State
9.	iting Fee is \$50.00 tue by May 1, 2007 MANAGING MEMBI		10.	Make check payable to
9.	MANAGING MEMBI		10.	Make check payable to Florida Department of State
9.	MANAGING MEMBI P CATES, ANN B	ERS/MANAGERS	10. TITLE NAME	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. TILLE * NAME	MANAGING MEMBI	ERS/MANAGERS	10.	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. IIILE SAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CATES, ANN B 121 BABRIĘL CIRCLE #7	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES
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9. IIILE SAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CATES, ANN B 121 BABRIĘL CIRCLE #7	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition
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11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

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