

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90021 031 \*\*\*138.75

DOCUMENT # L06000071454

1. Entity Name  
ANN BOLGER CATES, P.T., LLC



Principal Place of Business

121 GABRIEL CIRCLE  
#7  
NAPLES, FL 34104

Mailing Address

121 GABRIEL CIRCLE  
#7  
NAPLES, FL 34104

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-5274964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTH, CATHERINE M CPA  
501 GOODLETTE RD N  
D304  
NAPLES, FL 34102

**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	P
NAME	CATES, ANN B
STREET ADDRESS	121 GABRIEL CIRCLE #7
CITY - ST - ZIP	NAPLES, FL 34104

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

*Ann Cates*

4/14/08

293-682-0205

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

Date

Daytime Phone #