

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000073513

1. Entity Name
INVESTITORE DELLA BANCA, LLC



Principal Place of Business
330 SOUTH PINEAPPLE AVENUE, STE 106
SARASOTA, FL 34236

Mailing Address
330 SOUTH PINEAPPLE AVENUE, STE 106
SARASOTA, FL 34236



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5239576

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, MICHAEL W
330 SOUTH PINEAPPLE AVENUE, STE 106
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

2/10/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000735132
01/10/08-80038-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAWKINS, MICHAEL W
STREET ADDRESS	330 SOUTH PINEAPPLE AVENUE, STE 106
CITY-STATE-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	PIPER, ROBERT H JR.
STREET ADDRESS	330 SOUTH PINEAPPLE AVENUE, STE 106
CITY-STATE-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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

1-8-08

Date

(941) 366-1040

Daytime Phone #