

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90055 015 ***138.75

DOCUMENT # L06000083033

1. Entity Name
MARITA KUFÉ, A.P., L.L.C.



Principal Place of Business
2750 STICKNEY POINT ROAD, STE 207
SARASOTA, FL 34231 US

Mailing Address
2750 STICKNEY POINT ROAD, STE 207
SARASOTA, FL 34231 US

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

30-0337952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUFÉ, MARITA
2750 STICKNEY POINT ROAD, STE 207
SARASOTA, FL 34231

Name **MARITA ROUSSEY**

Street Address (P.O. Box Number is Not Acceptable)
2750 STICKNEY PT RD

SUITE 207

City **SARASOTA**

FL

Zip Code **34231**

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

Marita Roussey

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
ROUSSEY, RICK
2750 STICKNEY POINT ROAD, STE 207
SARASOTA, FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: