

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000085606**

1. Entity Name  
**EQUILIBRIUM, LLC**



Principal Place of Business

**18500 DEEP PASSAGE  
FORT MYERS, FL 33931 US**

Mailing Address

**18500 DEEP PASSAGE  
FORT MYERS, FL 33931 US**



01212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5476103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**R&A AGENTS, INC. ATTN: STEVEN I. WNER  
2320 FIRST STREET  
FORT MYERS, FL 33901**

**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**

**U000000819557  
02/15/08-80088-003 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE

**MGR**

NAME

**BREEN, KEVIN C**

STREET ADDRESS

**18500 DEEP PASSAGE**

CITY-ST-ZIP

**FORT MYERS, FL 33931**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-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

**01/21/08 239/482-0500**

Date

Daytime Phone #