

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000096520

1. Entity Name
RESORT LLC



Principal Place of Business
SERENA BAY, UNIT 201-11
TREASURE ISLAND, FL 33740

Mailing Address
10 NORTHWEST AVE., STE. 100
WILLIAM MOSHOLDER
TALLMADGE, OH 44278

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5640921

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOVARD, DORIS
26880 WEDGEWOOD, UNIT 501
BONITA SPRINGS, FL 34134

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954951
07/15/08-80005-002 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOSHOLDER, WILLIAM
STREET ADDRESS	10 NORTHWEST AVE., STE 100
CITY-ST-ZIP	TALLMADGE, OH 44278
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

7-9-08

Date

Daytime Phone #