

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000103835

1. Entity Name
FESTIVAL FINANCIAL GROUP, LLC



Principal Place of Business
**7440 RIVERSIDE DRIVE
PUNTA GORDA, FL 33982-1439**

Mailing Address
**7440 RIVERSIDE DRIVE
PUNTA GORDA, FL 33982-1439**



01062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5830136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIDEIKIS, JOHN L
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948-1088**

**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**

U000000776253
01/09/08-80017-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GUNDERSON, MIKO P
7440 RIVERSIDE DR
PUNTA GORDA, FL 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GUNDERSON, GIAN M
7440 RIVERSIDE DR
PUNTA GORDA, FL 33982**

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

Date

Daytime Phone #

Miko P. Gunderson
Miko P. Gunderson

1-6-08
1-6-08

941 627-1000
941 627-1000