

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90136 018 ****50.00

DOCUMENT # L06000120954

1. Entity Name

CENTERTOWN, LLC



Principal Place of Business

Mailing Address

8991 DANIELS CENTER DRIVE, SUITE 105
FORT MYERS FL 33912

8991 DANIELS CENTER DRIVE, SUITE 105
FORT MYERS FL 33912

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

8991 DANIELS CENTER DRIVE

3. Mailing Address

8991 DANIELS CENTER DRIVE

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33912

Country

USA

Zip

33912

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-8081720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRIBBETT, GLENN	
STREET ADDRESS	8991 DANIELS CENTER DRIVE, SUITE 105	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCCLEARY, MARK	
STREET ADDRESS	8991 DANIELS CENTER DRIVE, SUITE 105	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CONNELL, SCOTT	
STREET ADDRESS	8991 DANIELS CENTER DRIVE, SUITE 105	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

GLENN CRIBBETT

2-26-07

239-561-9702

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #