


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90039 025 \*\*\*138.75

<b>DOCUMENT # L07000000745</b>					
1. Entity Name <b>RINSINGER APARTMENTS, LLC</b>					
Principal Place of Business C/O RICHARD T. COTTER 6100 ESTERO BLVD. FT. MYERS BEACH FL 33931			Mailing Address C/O RICHARD T. COTTER 6100 ESTERO BLVD. FT. MYERS BEACH FL 33931		
2. Principal Place of Business - No P.O. Box # <b>172 Egret St.</b>		3. Mailing Address <b>Ann K. Risinger</b>			
Suite, Apt. #, etc. <b>Ft Myers Beach Fla</b>		Suite, Apt. #, etc. <b>172 Egret St.</b>			
City & State		City & State <b>Ft. Myers Beach Fla</b>			
Zip <b>33931</b>	Country <b>USA (Lee)</b>	Zip <b>33931</b>	Country <b>USA</b>	4. FEI Number <b>42-1721429</b>	
6. Name and Address of Current Registered Agent  <b>RICHARD T. COTTER, P.A. 6100 ESTERO BLVD. FT. MYERS BEACH FL 33931</b>				7. Name and Address of New Registered Agent Name <b>Ann K. Risinger</b> Street Address (P.O. Box Number is Not Acceptable) <b>172 Egret St.</b> City <b>Ft. Myers Beach FL</b> Zip Code <b>33931</b>	
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: <b>Ann K. Risinger</b> DATE: <b>8-20-08</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
			<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RISINGER, ANN K 172 EGRET STREET FT. MYERS BEACH FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Ann K. Risinger</b>			<b>8-20-08</b> <b>239-463-7785</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



2nd MOORE CR2E083 (4/08)

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required  
Applied For Not Applicable

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒