

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90259 008 ***138.75

DOCUMENT # L07000060321

1. Entity Name
AQUIDNECK GROUP, LLC



Principal Place of Business
**223 TAYLOR STREET
PUNTA GORDA, FL 33950 US**

Mailing Address
**223 TAYLOR STREET
PUNTA GORDA, FL 33950 US**

60015093



2. Principal Place of Business - No P.O. Box #
1678 East Main Road

3. Mailing Address
1678 East Main Road

Suite, Apt. #, etc.
Unit 13

Suite, Apt. #, etc.
Unit 13

02202008 Chg-LLC CR2E083 (12/06)

City & State
Portsmouth, RI

City & State
Portsmouth, RI

4. FEI Number
26-2105093

Applied For
Not Applicable

Zip
02871

Country
USA

Zip
02871

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950**

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

3/6/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **~~PALMER, MICHAEL~~ Michael**
STREET ADDRESS **~~1678 E. MAIN ROAD~~**
CITY - ST - ZIP **~~PORTSMOUTH, RI 02871~~**
XXXXXXXXXXXX

TITLE **MGR** ☒ Change ☐ Addition
NAME **PALMER, MICHAEL**
STREET ADDRESS **1678 E. Main Rd., #13, Portsmouth, RI, 02871**
CITY - ST - ZIP

TITLE **MGR** ☐ Delete
NAME **CARLOS BORGES**
STREET ADDRESS **1678 E. Main Rd., Portsmouth, RI**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **MGR** ☐ Delete
NAME **JACK POMERANZ**
STREET ADDRESS **1678 E. Main Rd., Portsmouth, RI**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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]**

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

3/6/08

Date

(941) 639-2171

Daytime Phone #