

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90073 016 ***143.75

DOCUMENT # L07000063210 1. Entity Name LAURITZEN, LLC					
Principal Place of Business 27122 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134			Mailing Address 27122 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07222008 Chg-LLC CR2E083 (12/06)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XX				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, DAVID J 800 LAUREL OAK DRIVE NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Simmons, David J. Street Address (P.O. Box Number is Not Acceptable) 800 Laurel Oak Drive, Suite 600 City Naples FL Zip Code 34108		
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 David J. Simmons, Esq. <i>David J. Simmons</i> 7/22/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAURITZEN, JANE G TRUSTEE 27122 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAURITZEN, DEAN G TRUSTEE 27122 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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: <i>David J. Simmons</i>			7/22/2008 (330) 499-8899		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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