

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 025 ***538.75

DOCUMENT # L07000073583

1. Entity Name
SHORELINE BUILDERS OF SOUTHWEST FLORIDA, LLC



Principal Place of Business
29 AVENUE OF THE FLOWERS
LONGBOAT KEY, FL 34228

Mailing Address
29 AVENUE OF THE FLOWERS
LONGBOAT KEY, FL 34228

60040356



2. Principal Place of Business - No P.O. Box #
3655 CORTEZ RD

3. Mailing Address
3655 CORTEZ RD

Suite, Apt. #, etc.
SUITE 150

Suite, Apt. #, etc.
SUITE 150

02282008 Chg-LLC CR2E083 (12/06)

City & State
BRAENTON FL.

City & State
BRAENTON FL

4. FEI Number
26-054 3179

Applied For
Not Applicable

Zip Country
34210 U.S.

Zip Country
34210 U.S.

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

NORTON, SAM D
1819 MAIN STREET, STE. 610
SARASOTA, FL 34236

Name
STEVE TITSWORTH
Street Address (P.O. Box Number is Not Acceptable)
3655 CORTEZ RD
SUITE 150
City BRAENTON FL Zip Code 34210

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 Steve Titsworth STEVE TITSWORTH 5/6/08
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TITSWORTH, STEVE
STREET ADDRESS 29 AVENUE OF THE FLOWERS
CITY-ST-ZIP LONGBOAT KEY, FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Steve Titsworth 5/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #