

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90202 033 ***143.75

DOCUMENT # L07000081751

1. Entity Name
TERRA NOVA GLOBAL PROPERTIES, LLC



Principal Place of Business
CONSTITUTION SQUARE
2100 CONSTITUTION BLVD - STE 203
SARASOTA, FL 34231

Mailing Address
CONSTITUTION SQUARE
2100 CONSTITUTION BLVD - STE 203
SARASOTA, FL 34231



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-0701854

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SHAPIRO, MARY T
CONSTITUTION SQUARE
2100 CONSTITUTION BLVD - STE 203
SARASOTA, FL 34231

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 \$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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SHAPIRO, MARY T
1609 ARLINGTON STREET
SARASOTA, FL 34239 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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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: MARY T SHAPIRO
MANAGER

Mary T Shapiro

3/10/08 941-5876568

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

Date

Daytime Phone #