

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90122 035 ***138.75

DOCUMENT # L07000084526

1. Entity Name
GEE22 L.L.C.



Principal Place of Business
**240 SO. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

Mailing Address
**240 SO. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #
7559 Trillium Blvd.

3. Mailing Address
7559 Trillium Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34241

Country

Zip
34241

Country

01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0734693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHEMBRI, JENIFER S
240 SO. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GEANNOPULOUS, PETER S
240 SO. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**GEANNOPULOS, PETER S.
7559 Trillium Blvd.
Sarasota, FL 34241** ☒ Change ☐ Addition

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

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

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☐ 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: *Peter S. Geannopoulos* Peter S. Geannopoulos, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/08
Date

388-2201
941-388-2201
Daytime Phone #