

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097821

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SUMMER COVE STOOGES, LLC

**Current Principal Place of Business:**

7209 ENGLE RD  
FORT WAYNE, IN 46804 US

**New Principal Place of Business:**

**Current Mailing Address:**

7209 ENGLE RD  
FORT WAYNE, IN 46804 US

**New Mailing Address:**

**FEI Number:** 26-1168041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARBONNEAU, ANDRE  
2033 MAIN STREET  
SUITE 500  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GREEN, GREGORY M  
**Address:** 7024 HAWKSNEST TRAIL  
**City-St-Zip:** FORT WAYNE, IN 46835 US

**Title:** MGRM  
**Name:** MANNIA, GREGORY R  
**Address:** 6512 POST ROAD  
**City-St-Zip:** FORT WAYNE, IN 46814 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** GREGORY M. GREEN

MGRM

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date