

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 24, 2008 8:00 am
Secretary of State

05-20-2008 90054 037 ***138.75

DOCUMENT # L07000101020 1. Entity Name FEAGLES FISHERS ISLAND, LLC					
Principal Place of Business 635 RIOMAR DRIVE VERO BEACH, FL 32963 US			Mailing Address 635 RIOMAR DRIVE VERO BEACH, FL 32963 US		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 26-1186207	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAUER, E. STEVEN 3426 OCEAN DRIVE VERO BEACH, FL 32963				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)					
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 FEAGLES, ROBERT W 635 RIOMAR DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: <u><i>Robert W. Feagles</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>5/15/08 777 271 6044</u> Date Daytime Phone #		

30009871



05142008 Chg-LLC CR2E083 (12/08)



E. STEVEN LAUER, PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

ATTACHMENT

30009 871
L07000101020

3426 Ocean Drive
P.O. Box 3343
Vero Beach, FL 32964-3343
772-234-4200
Fax 772-234-4249
www.verolaw.org

June 19, 2008

E. Steven Lauer
Certified Will, Trusts & Estates Specialist
Certified Tax Specialist
772-234-4200
slauer@verolaw.org

Certified Mail, # 7007-0220-0001-7653-0077
Return Receipt Requested

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Feagles Fishers Island, LLC

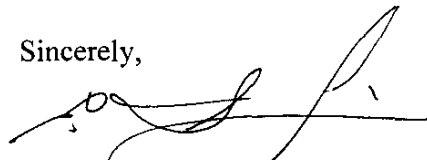
Dear Sir or Madam:

Enclosed please find the following:

1. A copy of your letter dated May 30, 2008.
2. The completed copy of the 2008 Limited Liability Company Annual Report for the above-referenced entity.

If you have any questions, please do not hesitate to contact me.

Sincerely,



E. Steven Lauer

ESL/mjd
Enclosures

cc: Robert Feagles