

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90062 011 ***138.75

DOCUMENT # L07000102000

1. Entity Name
KIELLAND DEVELOPMENT CO., LLC



Principal Place of Business
**26335 AUGUSTA CREEK COURT
BONITA SPRINGS, FL 34134**

Mailing Address
**26335 AUGUSTA CREEK COURT
BONITA SPRINGS, FL 34134**

60004540



2. Principal Place of Business - No P.O. Box #
22140 RESERVE ESTATES DRIVE
Suite, Apt. #, etc.

3. Mailing Address
22140 RESERVE ESTATES DRIVE
Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State
BONITA SPRINGS, FL
Zip
34135
Country
USA

City & State
BONITA SPRINGS, FL
Zip
34135
Country
USA

4. FEI Number
26-1199253
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PECORELLA, MATTEO
26335 AUGUSTA CREEK COURT
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
22140 RESERVE ESTATES DRIVE
City **BONITA SPRINGS, FL** Zip Code **34135**

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 _____ (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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MANAGER
PECORELLA, MATTEO
22140 RESERVE ESTATES DRIVE
BONITA SPRINGS, FL 34135**

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: *Matteo Pecorella* **MATTEO PECORELLA, MANAGER** 01/16/08 (239) 992-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #