


FILED
May 23, 2008 8:00 am
Secretary of State

05-01-2008 90036 040 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

5

DOCUMENT # L07000122293			
1. Entity Name RONTO BONITA LLC			
Principal Place of Business 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104		Mailing Address 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOOM, KEN 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104		Name KAREN WELKS	
		Street Address (P.O. Box Number is Not Acceptable) 3185 HORSESHOE DRIVE SOUTH #2	
		City NAPLES	FL Zip Code 34104
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 <i>Karen E Welks</i>		DATE 4-29-08	
Signature (Type or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating)	
- 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	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>A. Jack Solomon</i>		DATE 4-29-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
A. JACK SOLOMON		239-649-6310	

30007364



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
210-1802419 Applied For
Not Applicable

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