

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115614

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA FEINES FERIEEN, L.L.C.

**Current Principal Place of Business:**

546 CORAL DRIVE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

546 CORAL DRIVE  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHUTT, DARRIN R ESQ.  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL, FL 33904 US

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

SCHUTT, DARRIN R ESQ.  
1322 SE 46TH LANE  
SUITE 202  
CAPE CORAL, FL 33904 US

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: DARRIN R. SCHUTT, ESQ.

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAHE, NORMAN DR.  
Address: 546 CORAL DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: RAHE, GABRIELE M  
Address: 546 CORAL DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

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: NORMAN RAHE

MGRM

04/29/2011

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