

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116026

FILED
Feb 18, 2009
Secretary of State

Entity Name: CUTLASS DRIVE, LLC

Current Principal Place of Business:

4020 EVANS AVENUE
FORT MEYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61412
FORT MEYERS, FL 33906 US

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:

SCHEINER, CHERYL
4020 EVANS AVENUE
FORT MEYERS, FL 33901 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 () Delete
Name: SCHEINER, BRUCE
Address: P.O. BOX 61412
City-St-Zip: FORT MEYERS, FL 33906 US

Title: MGRM () Delete
Name: SCHEINER, CHERYL
Address: P.O. BOX 61412
City-St-Zip: FORT MEYERS, FL 33906 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHERYL A SCHEINER

MGMR

02/18/2009

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