

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000036730

Entity Name: 6180 IDLEWILD, LLC

FILED  
Jan 07, 2011  
Secretary of State

**Current Principal Place of Business:**

6180 IDLEWILD STREET  
FT. MYERS, FL 33966 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2300  
PALM CITY, FL 34991

**New Mailing Address:**

FEI Number: 26-4682283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE ACCESS, INC.  
236 E. 6TH AVE.  
TALLAHASSEE, FL 32303 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  
Name: ALEX, THOMAS R MGRM  
Address: 11600 AUDUBOND LANE  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM  
Name: COHEN, STUART R MGRM  
Address: 1963 NW 22ND STREET  
City-St-Zip: STUART, FL 34991 US

Title: MGRM  
Name: KURTH, WILLIAM R MGRM  
Address: 1011 SE 26TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM  
Name: MARTIN, MICHAEL D MGRM  
Address: 6180 IDLEWILD STREET  
City-St-Zip: FORT MYERS, FL 33966 US

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: STUART R. COHEN

MGRM

01/07/2011

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