

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037412

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** BOTHELL, LLC

**Current Principal Place of Business:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD. SUITE 300  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD. SUITE 300  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CLASP, INC.  
3001 TAMiami TRAIL N.  
SUITE 400  
NAPLES, FL 34103 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: MGR  
Name: LAUFER, WAYNE L  
Address: 4989 JOEWOOD DRIVE  
City-St-Zip: SANIBEL, FL 33957 US

Title: MGR  
Name: LAUFER, GAYLE M  
Address: 4989 JOEWOOD DRIVE  
City-St-Zip: SANIBEL, FL 33957 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: WAYNE LAUFER

MGR

02/18/2011

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