

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011188

Entity Name: ALBION DEVELOPMENTS, LLC

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8320 WHISKEY PRESERVE CIR  
#333  
FORT MYERS, FL 33919

## **New Principal Place of Business:**

4301 VERONICA SHOEMAKER BLVD  
FORT MYERS, FL 33916

## **Current Mailing Address:**

8320 WHISKEY PRESERVE CIR  
#333  
FORT MYERS, FL 33919

## **New Mailing Address:**

PO BOX 07010  
FORT MYERS, FL 33919

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US

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

VELLA, SARA  
11124 YELLOW POPLAR DRIVE  
FORT MYERS, FL 33913 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: SARA VELLA

01/24/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHELDRAKE, ROGER  
Address: 11124 YELLOW POPLAR DRIVE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM  
Name: HEDINGER, ALFRED  
Address: KATHLEEN PASSIDOMO, 2390 TAMiami TrL #240  
City-St-Zip: NAPLES, FL 34103

Title: MGRM  
Name: VELLA, SARA  
Address: 11124 YELLOW POPLAR DRIVE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM  
Name: QUATTRONE, ALFRED  
Address: 4301 VERONICA SHOEMAKER  
City-St-Zip: FT. MYERS, FL 33916

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: SARA VELLA

MGR

01/24/2011

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