

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000230**

1. Entity Name  
**BELLMARK SARASOTA AIRPORT, LC**



Principal Place of Business

**2055 WOOD ST  
#208  
SARASOTA, FL 34237**

Mailing Address

**2055 WOOD ST  
#208  
SARASOTA, FL 34237**



05112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0827874**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MULLEN, STEVE  
2055 WOOD ST  
#208  
SARASOTA, FL 34237**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MULLEN, STEPHEN C
STREET ADDRESS	2055 WOOD ST #208
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	MRGM
NAME	MULLEN, GRANT S
STREET ADDRESS	2055 WOOD ST #208
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

**Signature and typed or printed name of signing managing member, or authorized representative**

Date

Daytime Phone #

*Steve Mullen* **STEVE MULLEN** 9/7/05 941-364-9570