

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 037 ****50.00

DOCUMENT # L98000003495

1. Entity Name

BJO FT. MYERS, L.L.C.



Principal Place of Business

12951 METRO PARKWAY #12
FT. MYERS FL 33912

Mailing Address

12951 METRO PARKWAY #12
FT. MYERS FL 33912



2. Principal Place of Business - No P.O. Box #

15171 SEABREEZE COVE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

15171 SEABREEZE COVE CIRCLE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0889772

Applied For

Not Applicable

Zip

33908

Country

LEE

Zip

33908

Country

LEE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGLARSKY, DOLLIE A
12951 METRO PARKWAY, SUITE 12
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15171 SEABREEZE COVE CIRCLE

City

FT. MYERS

FL

Zip Code

33908

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

Dollie A. Boglarsky Mgr. DOLLIE A. BOGLARSKY

3/20/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: BOGLARSKY, DOLLIE A
STREET ADDRESS: 12951 METRO PARKWAY, SUITE 12
CITY-ST-ZIP: FT. MYERS FL 33912 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: MGR ☒ Change ☐ Addition
NAME: BOGLARSKY, DOLLIE A.
STREET ADDRESS: 15171 SEABREEZE COVE CIRCLE
CITY-ST-ZIP: FT. MYERS, FL 33908

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dollie A. Boglarsky Mgr. DOLLIE A. BOGLARSKY 3/20/07 (239)454-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date - - - - - Daytime Phone # - - - - -