

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90148 019 ***138.75

DOCUMENT # L99000001661					
1. Entity Name REGINA-MEADE, L.L.C.					
Principal Place of Business 244 11TH AVE. SO. NAPLES, FL 34102			Mailing Address 244 11TH AVE. SO. NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3568237	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIN, DENNIS P ESQ. C/O BOND, SCHOENECK & KING, P.A. 4001 TAMiami TRAIL NORTH, SUITE 404 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Naples-Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) 1395 Panther Lane, Suite 300 City Naples FL Zip Code 34109		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: center;"> as, secretary </div> <div style="width: 20%; text-align: right;"> 3/12/08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCARTHY, BRUCE 244 11TH AVE S NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bruce McCarthy 244 11th Ave So. Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.					
SIGNATURE:			3/16/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60015832



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3568237

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRONIN, DENNIS P ESQ.
C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name **Naples-Lawdock, Inc.**

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

1395 Panther Lane, Suite 300

City **Naples**

FL

Zip Code **34109**

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.

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

(NOTE: Registered Agent signature required when reinstating)

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Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MCCARTHY, BRUCE
244 11TH AVE S
NAPLES, FL 34102

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Bruce McCarthy
244 11th Ave So.
Naples, FL 34102

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE:

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

Date

Daytime Phone #