

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001717

1. Entity Name
FOUR UPPER CAPTIVA, L.L.C.



FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business
3613 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Mailing Address
3613 DEL PRADO BLVD
CAPE CORAL, FL 33904 US



07072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0913497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANSSON, LARS
3613 DEL PRADO BLVD
CAPE CORAL, FL 33904

**DO NOT WRITE
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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MANSSON, LARS
3613 DEL PRADO BLVD
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

000000359218
09/09/08-80002-005 538.75

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

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

Date _____

Daytime Phone # _____