

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90057 001 ****55.00

DOCUMENT # L99000005534					
1. Entity Name MIROMAR OUTLET WEST, L.L.C.					
Principal Place of Business 10801 CORKSCREW RD, STE 199 ESTERO, FL 33921			Mailing Address 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address		60010000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number	
Zip		Zip		65-1127465	
Country		Country		Applied For	
33928		33928		Not Applicable	
USA		USA		5. Certificate of Status Desired	
\$5.00 Additional Fee Required		\$5.00 Additional Fee Required		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GESCHWENDT, MARK 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134			Name S Ame		
			Street Address (P.O. Box Number is Not Acceptable) 10801 Corkscrew Road		
			Suite 305		
			City Estero		
			FL		
			Zip Code 33928		
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				DATE 3/1/05	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIROMAR DEVELOPMENT CORPORATION 24810 BURNT PINE DRIVE BONITA BEACH, FL 34134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10801 Corkscrew Road, Suite 305 Estero, FL 33928	
	☐ Delete			☒ Change ☐ Addition	
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 and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative					
Signature:					
Date: 3/1/05					
Daytime Phone #: 239/448-3666					