

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L99000005712



1. Entity Name
269 SOUTH OSPREY, L.L.C.

Principal Place of Business
**107 S OSPREY AVE
STE 100
SARASOTA, FL 34236 US**

Mailing Address
**107 S OSPREY AVE
STE 100
SARASOTA, FL 34236 US**



03062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0949609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWSON, LISA M
107 S OSPREY AVE
SARASOTA, FL 34236**

**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

000000882558

04/16/08-80046-005 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAWSON, DONALD M
107 SOUTH OSPREY AVENUE
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DUNN, G. WILLIAM
1602 EAST AVENUE
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DENHAM, RONALD
1602 EAST AVENUE
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAWSON, LISA M
107 SOUTH OSPREY AVE
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

DOCUMENT # L99000005712

SIGNATURE:

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

4-3-2008

941 780390

Date

Daytime Phone #