

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90063 047 ***138.75

DOCUMENT # L99000005874

1. Entity Name
FOX FIRE GOLF COURSE OF SARASOTA, L.C.



Principal Place of Business

Mailing Address

~~6001 MEDIC CRT~~
~~SARASOTA, FL 34243~~
1514 3RD STREET Circle E.
PALMETTO, FL 34221

~~6001 MEDIC CRT~~ **1514 3RD STREET**
~~SARASOTA, FL 34243~~ **Circle E.**
PALMETTO, FL 34221

60040550



DO NOT WRITE IN THIS SPACE

04222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-0989396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, TROY H JR.
2033 MAIN ST., STE 600
SARASOTA, FL 34237

**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]

(If not, provide or correct name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALVEY, D. GARY
STREET ADDRESS	6001 MEDIC CRT 1514 3RD STREET Circle E.
CITY-ST-ZIP	SARASOTA, FL 34243 PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

SIGNATURE:

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

[Signature] 4-24-08 (941) 531-4022

Date

Daytime Phone #