

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 041 ****50.00

DOCUMENT # M00000001689

1. Entity Name
SLENDER LIFE FORT MYERS, LLC



2. Principal Place of Business
4444 H CLEVELAND AVE.
FT MYERS, FL 33901

3. Mailing Address
4444 H CLEVELAND AVE.
FT MYERS, FL 33901



08062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. Tax ID#	ADD-01
BB-0468822	ADD-01
5. Certificate of Status Fee	☐ \$5.00 Add'l Fee Required

6. Name and Address of Current Registered Agent

PUARIERA, LOUIS D
28373 MADAGASCAR RD
PUNTA GORDA, FL 33983

SLENDER LIFE
9761 Eagle Preserve Ave.
Englewood, FL 34224

**DO NOT WRITE
IN THIS SPACE**

7. The above stated entity is a limited liability company organized under the laws of the State of Florida, and the undersigned is the registered agent of said entity.

\$50.00

STATE OF FLORIDA DEPARTMENT OF REVENUE

FLORIDA SECRETARY OF STATE

10/03

Filing Fee is \$50.00
Due by September 8, 2004

8. MANAGING MEMBER INFORMATION

TITLE	MGR
NAME	PUARIERA, LOUIS D
SUBJECT ADDRESS	28373 MADAGASCAR RD
CITY-STATE-ZIP	PUNTA GORDA, FL 33983
TITLE	MGR
NAME	PUARIERA, SHARON
SUBJECT ADDRESS	28373 MADAGASCAR RD
CITY-STATE-ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
SUBJECT ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
SUBJECT ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
SUBJECT ADDRESS	
CITY-STATE-ZIP	

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9. I, the undersigned, declare that the foregoing is a true and correct statement of the facts and circumstances of the formation and operation of the above named entity, and that the same is in compliance with the provisions of the Florida Limited Liability Company Act, Chapter 605, Florida Statutes.

SIGNATURE:

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

Louis D Puariera 5/6/04 941-628-0904