

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 08:00 A
Secretary of State

DOCUMENT # M06000002014

1. Entity Name
D & B RENTALS OF MARCO ISLAND, FL., LLC



Principal Place of Business
**2449 PASSAGE KEY TRAIL
BEAVERCREEK, OH 45385**

Mailing Address
**2449 PASSAGE KEY TRAIL
BEAVERCREEK, OH 45385**



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1569301

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, LINDA E
980 CAPE MARCO DRIVE UNIT 1704
MARCO ISLAND, FL 34145**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAILEY, LINDA E
2449 PASSAGE KEY TRAIL
BEAVERCREEK, OH 45385**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIXON, C. STEVEN
2449 PASSAGE KEY TRAIL
BEAVERCREEK, OH 45385**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000688261
04/10/07-80066-016 50.00

**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: *Linda E. Bailey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/28/07

Date

937-962-5890

Daytime Phone #