

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # M07000004354

1. Entity Name
FT MYERS VA, LLC



Principal Place of Business
**7115 ORCHARD LAKE ROAD STE 220
WEST BLOOMFIELD, MI 48322**

Mailing Address
**7115 ORCHARD LAKE ROAD STE 220
WEST BLOOMFIELD, MI 48322**



01082008 No: Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0378745

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES INC
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331**

**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 _____

**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 ADELSON, ALLAN R 7115 ORCHARD LAKE ROAD STE 220 WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERNST, MARKUS M 7115 ORCHARD LAKE ROAD STE 220 WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERNST, ROBERT J 7115 ORCHARD LAKE ROAD STE 220 WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEFF, JULIE E 7115 ORCHARD LAKE ROAD STE 220 WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/05/08-80039-002 138.75

**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: *Al Adelson*

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

Date

Daytime Phone #

1-25-08