

Annual Report for the year: 2018
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

201	ტ ო 	
B SEP 21	RECEIVED CRETARY OF S DRPORATIONS	
PM 12: 53	VED STATE	

1. Entity ID Number 1659044		2. Exact name of the Limited Liability Company Sorgenfrei, LLC					
3. NAICS Code 531390		Brief description of the character of business conducted in Rhode Island Real Estate.					
5. State of Formation Florida							
6. Principal Office Address			City	State	Zip		
2596 Wulfert Road			Sanibel	FL	33957		
7. Mailing Address of Limite	ed Liability Compan	y and Name or Titl	e of Contact Person				
Contact Name James Courter			Contact Title Manager				
Street Address 2596 Wulfert Road			City Sanibel	State FL	^{Zip} 33957		
8. List ALL managers (nam	nes and addresses)	of the Limited Lial	oility Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS		
Manager Name James Courter			Manager Name				
Street Address 2596 Wulfert Road			Street Address				
City Sanibel	State FL	Zip 33957	City	State	Zip		
Manager Name			Manager Name				
Street Address		· ·	Street Address				
City	State	Zıp	City	State	Zip		
			<u> </u>	Check the box to	ndicate an attachment		
9. Resident Agent in Rhod	e Island This informa	ation is currently of re	ecord with the Department of S	State. Changes require filir	ng Form 642.		
Under penalty of perjury statements, and that all:	, I deciare and affir statements contain	m that I have exa ned herein are tru	mined this report, include and correct.	ing any accompanyin	g schedules and		
Name of Authorized Perso		.1		Date			
James Courter	Inn			9/17	118		
Signature of Authorized Pe	ersøn	998 D	OCUMENT HERE				
		UN100 17	OCCURETAL LIGHT.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 2 1 2018

FORM 632 - Revised: 08/2017