


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003482 1. Entity Name SIMON OFFENBERG LLC	
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Principal Place of Business
4635 RICHMOND RD
105
WARRENSVILLE HEIGHTS, OH 44128

Mailing Address
2248 FIRST ST.
FT. MYERS, FL 33901

DO NOT WRITE IN THIS SPACE



04062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1088075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD W
2248 FIRST ST.
FT. MYERS, FL 33901

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OFFENBERG, BERNARD D
STREET ADDRESS	4635 RICHMOND RD
CITY- ST- ZIP	WARRENSVILLE HEIGHTS, OH 44128

TITLE	MGRM
NAME	SIMON, SIDNEY M
STREET ADDRESS	4635 RICHMOND RD
CITY- ST- ZIP	WARRENSVILLE, OH 44128

TITLE	
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CITY- ST- ZIP	

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04/12/04-80039-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #