

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # L02000032997

1. Entity Name

139 TOLEDO BLADE/PRICE, LLC



Principal Place of Business

2911 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909-6513

Mailing Address

2911 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909-6513



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1863582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULLENKAMP, DENNIS J
2911 NE PINE ISLAND RD
CAPE CORAL, FL 33909

**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 | MGR |
| NAME | FULLENKAMP, DENNIS J |
| STREET ADDRESS | 2911 NE PINE ISLAND RD |
| CITY-ST-ZIP | CAPE CORAL, FL 33909 |

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02/26/07-80005-007 50.00

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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:

2-9-07 239-656-2985