


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90153 003 ****50.00

DOCUMENT # L05000097204

1. Entity Name
IDLECCS, LLC



Principal Place of Business Mailing Address
9690 RAVEN CT **9690 RAVEN CT**
ESTERO FL 33928 **ESTERO FL 33928**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IGOE, JEANETTE
9690 RAVEN CT
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	Jeanette Igoe P.A.	
STREET ADDRESS	9690 RAVEN CT.	
CITY-ST-ZIP	ESTERO, FL. 33928	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOREN DEAN ECCLESTON	
STREET ADDRESS	19871 MARKWARD CROSSING	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEAN ECCLESTON	
STREET ADDRESS	19871 MARKWARD CROSSING	
CITY-ST-ZIP	ESTERO, FL. 33928	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALTER SEMCHENKO	
STREET ADDRESS	8 TIMBER RD.	
CITY-ST-ZIP	E. BRUNSWICK, N.J. 08816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeanette Igoe* 1/20/06 Daytime Phone # _____

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