

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000000048

1. Entity Name  
AXCO OF FLORIDA, L.L.C.



Principal Place of Business  
17831 SAN CARLOS BLVD.  
FORT MYERS BEACH, FL 33931

Mailing Address  
17831 SAN CARLOS BLVD.  
FORT MYERS BEACH, FL 33931



08192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1071941

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHULZ, AXEL  
926 THIRD STREET  
FORT MYERS BEACH, FL 33931

**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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SCHULZ, AXEL  
926 THIRD STREET  
FORT MYERS BEACH, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GLANZNER, MANFRED  
1434 ARGYLE DRIVE  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000172134  
09/13/04-80001-002 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 #