

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90072 007 ****50.00

DOCUMENT # L04000025339

1. Entity Name
3STRANDS INVESTMENT GROUP, LLC



Principal Place of Business
639 EAST THORNWOOD DRIVE
SOUTH ELGIN, IL 60177 US

Mailing Address
P.O. BOX 1542
ORANGE PARK, FL 32067 US

2. Principal Place of Business

2480 CROSSLANDS RD

3. Mailing Address

P.O. BOX 8850

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052005 Chg-LLC CR2E083 (10/03)

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

20-0953487

Applied For

Not Applicable

Zip

32003

Country

US

Zip

32006

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR
1543 KINGSLEY AVENUE
BLDG. 5
ORANGE PARK, FL 32073

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MILLER, KURT
STREET ADDRESS 639 EAST THORNWOOD DRIVE
CITY-ST-ZIP SOUTH ELGIN, IL 60177

TITLE MGR ☒ Delete
NAME NASKRENT, MICHAEL
STREET ADDRESS 504 HENDEE STREET
CITY-ST-ZIP ELGIN, IL 60123

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME KURT MILLER
STREET ADDRESS 2480 CROSSLANDS ROAD
CITY-ST-ZIP 32003
ORANGE PARK, FL 32066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/19/2005 905-229-9691