

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000210

1. Entity Name
BANNER SUPPLY COMPANY FORT MYERS, LLC



Principal Place of Business
**2910 CARGO ST.
FORT MYERS, FL 33916**

Mailing Address
**7195 NW 30TH ST
MIAMI, FL 33122**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARTHUR, LANDERS
7195 NW 30TH ST
MIAMI, FL 33122**

**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, 2006**

**000000456168
03/16/06-80017-022 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ARTHUR, LANDERS
7195 NW 30TH ST
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JACK, LANDERS
7195 NW 30TH ST
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GRASER, JON P
2910 CARGO ST
FORT MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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: _____

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

02/13/06
Date

239-631-8507
Daytime Phone #