

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 050 ****50.00

DOCUMENT # L00000008940

1. Entity Name
TIMM HOLDINGS, LC



Principal Place of Business
**C/O RICHARD T. COTTER
6100 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**

Mailing Address
**C/O RICHARD T. COTTER
6100 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1094961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COTTER, RICHARD T
6100 ESTERO BLVD.
FT. 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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KLAUS-DIETER, TIMM
4381 BAY BEACH LANE, APT-422 170 Lenell Rd
FT MYERS BEACH, FL 33931 Apt. 503E**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TIMM, INGRID
4361 BAY BEACH LANE, APT-422 170 Lenell Rd
FT MYERS BEACH, FL 33931 Apt. 503E**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #

Supriya Timm Ingrid Timm

04/11/07

011-49-6127-2693