

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90096 005 ****50.00

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1. Entity Name
NELLANS ENTERPRISES LLC



Principal Place of Business
16521 SAN CARLOS BLVD., #102B
#102 B
FORT MYERS, FL 33908

Mailing Address
9131 COLLEGE PKWY
13B-240
FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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01082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1038939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELLANS, LARRY W
16521 SAN CARLOS BLVD.
102-B
FORT MYERS, FL 33908

**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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NELLANS, LARRY W
STREET ADDRESS	16521 SAN CARLOS BLVD, #102B
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	
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CITY-ST-ZIP	

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

1/10/05 239-481-6665
Date Daytime Phone #