

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000205

1. Entity Name

BILARO, LLC



Principal Place of Business

12005 COLLIERS RESERVE DR
NAPLES FL 34110-0909

Mailing Address

12005 COLLIERS RESERVE DR
NAPLES FL 34110-0909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3689949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBARDS, WILLIAM T
12005 COLLIERS RESERVE DR
NAPLES FL 34110-0909

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBARDS, WILLIAM T	
STREET ADDRESS	12005 COLLIERS RESERVE DRIVE	
CITY - ST - ZIP	NAPLES FL 34110-0909	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBARDS, LAURA S	
STREET ADDRESS	12005 COLLIERS RESERVE DRIVE	
CITY - ST - ZIP	NAPLES FL 34110-0909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000292607	
04/07/05-80078-013 50.00	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Laura Robards

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

4-4-05 239-593-1778

Date

Daytime Phone #