

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90750 017 ****50.00

DOCUMENT # L01000000647

1. Entity Name
16065 SO. TAMIAMI TRAIL LIMITED LIABILITY COMPANY



Principal Place of Business
16065 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

Mailing Address
16065 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

14023067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192003 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1067847

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FRANCIS, ROBERT L
16065 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FRANCIS, ROBERT L
STREET ADDRESS 15432 BRIAR RIDGE CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33912

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

TITLE MGRM ☐ Delete
NAME FRANCIS, SHARON L
STREET ADDRESS 15432 BRIAR RIDGE CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33912

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

TITLE MGRM ☐ Delete
NAME FRANCIS, ROBIN R
STREET ADDRESS 15432 BRIAR RIDGE CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33912

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

5/26/04

239-482-4511

Date Daytime Phone #