

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000871

1. Entity Name
CORG, L.L.C.



Principal Place of Business
900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES FL 34102

Mailing Address
5325 13TH ST. SW
CANTON OH 44710



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 (10/05)

4. FEI Number
58-2628906

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES FL 34102

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

U00000570863
07/18/06-80013-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
WOOTTON, RONALD W
5325 - 13TH STREET, S.W.
CANTON OH 44710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/7/06