

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011527

1. Entity Name

WILSON/OYLER ENTERPRISES, LLC



Principal Place of Business

341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND, FL 32751

Mailing Address

POST OFFICE DRAWER 7540
MAITLAND, FL 32794-7540



04272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3753221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TATICH, PHILIP
341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND, FL 32751

**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, 2004**

000000147912
05/03/04-80126-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OYLER, THOMAS
STREET ADDRESS	951 N. LAKE SYBELIA DRIVE
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	WILSON, BRUCE K
STREET ADDRESS	2060 D AVENIDA DE LOS ARBOLES
CITY - ST - ZIP	THOUSAND OAKS, CA 91362
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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, OR AUTHORIZED REPRESENTATIVE

Thomas L. Oyler
Thomas L. Oyler

4/29/04
Date

(407) 808-9313
Daytime Phone #