

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 048 ****50.00

DOCUMENT # L01000012938

1. Entity Name

O'CONNOR & WHITE, L.L.C.



Principal Place of Business

1555 ST LUCIE WEST BLVD
#203
PORT ST LUCIE FL 34886

Mailing Address

1555 ST LUCIE WEST BLVD
#203
PORT ST LUCIE FL 34886

40046603



2. Principal Place of Business

1680 St Lucie West Blvd

3. Mailing Address

1680 St Lucie West Blvd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

City & State

Port St Lucie FL 34986
Zip Country

Port St Lucie FL 34986
Zip Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1129606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, THOMAS
1555 ST. LUCIE WEST BLVD. #103
PORT ST. LUCIE FL 34986

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 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 P ☐ Delete
NAME WHITE, THOMAS
STREET ADDRESS 23 HUNTLEIGH DRIVE
CITY-ST-ZIP SAINT LOUIS MO 63131

TITLE P ☐ Delete
NAME COLE, DOROTHY
STREET ADDRESS 1033 SE PROCTOR LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE P ☐ Delete
NAME O'CONNOR, JOHN
STREET ADDRESS 584 SW ST JOHN'S BAY
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1619 SW Cefalo Cl.
CITY-ST-ZIP Port St. Lucie FL 34953

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if signed by the member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Deborah R. Cole*
Deborah R. Cole

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

3/29/05

Date

772-340-4001

Daytime Phone #