

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90057 048 *****50.00

DOCUMENT # L01000014006

1. Entity Name

ULRICH HOLDINGS, LLC



Principal Place of Business

Mailing Address

23650 VIA VENETO BLVD.
#1602
BONITA SPRINGS FL 43134

7133 SALISBURY RD
MAUMEE OH 43537

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

GULF HARBOUR MARINA

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14490 VISTARIDGE DR. B-10

City & State

City & State

Fort Myers, FL.

Zip

Country

Zip

Country

33908

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTER, RICHARD T
6100 ESTERO BLVD.
FT MYERS BEACH FL 33931

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

NAME: P ULRICH, DONALD J
STREET ADDRESS: 7113 SALISBURY RD
CITY ST ZIP: MAUMEE OH 43537

NAME: STREET ADDRESS: CITY ST ZIP: ☐ Change ☐ Addition

NAME: V ULRICH, LINDA K
STREET ADDRESS: 7113 SALISBURY RD
CITY ST ZIP: MAUMEE OH 43537

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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 #

2/1/07

49866-874