

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90119 045 ****50.00

DOCUMENT # L01000020650

1. Entity Name
COLLIER GORDON SERVICES, LLC



Principal Place of Business
3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103

Mailing Address
3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103

24062906



03052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKOVICH, JOSEPH
3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLIER, MILES C
3001 TAMiami TRAIL NORTH SUITE 207
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLIER, PARKER J
3001 TAMiami TRAIL NORTH SUITE 207
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PERKOVICH, JOSEPH I
3001 TAMiami TRAIL NORTH SUITE 207
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Robert G. Lutzka, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/04

Date

239-434-4079

Daytime Phone #