

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



01042005No 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

**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 resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COLLIER, MILES C
STREET ADDRESS	3001 TAMiami TRAIL NORTH SUITE 207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	COLLIER, PARKER J
STREET ADDRESS	3001 TAMiami TRAIL NORTH SUITE 207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGR
NAME	PERKOVICH, JOSEPH I
STREET ADDRESS	3001 TAMiami TRAIL NORTH SUITE 207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349980
05/02/05-80087-002 50.00

**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

4/26/05

Date

Daytime Phone #