

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 013 ****50.00

DOCUMENT # L02000002003

1. Entity Name

TINER TOWER, LLC



Principal Place of Business

**16205 OLD US 41
FORT MYERS FL 33912
US**

Mailing Address

**16205 OLD US 41
FORT MYERS FL 33912
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

75-2993240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TINER, JAMES L
11481 OSPREY LANDING WAY
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **James Tiner**

Street Address (P.O. Box Number is Not Acceptable)

16205 old U.S. 41

City **Fort Myers**

FL

Zip Code **33912**

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 **MGRM** ☐ Delete
NAME **TINER, JAMES L**
STREET ADDRESS **11481 OSPREY LANDING WAY**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **MGRM** ☐ Delete
NAME **TINER, JEAN M**
STREET ADDRESS **11481 OSPREY LANDING WAY**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MGRM** ☒ Change ☐ Addition
NAME **TINER, JAMES, L**
STREET ADDRESS **16205 OLD U.S. 41**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **TINER, JEAN M**
STREET ADDRESS **16205 OLD U.S. 41**
CITY-ST-ZIP **Fort Myers, FL 33912**

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 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:

Jean Tiner

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

2/8/05 239.267-8106

Date

Daytime Phone #