

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002500

1. Entity Name
WILLRICH ASSOCIATES, LLC



Principal Place of Business
**1601 BELVEDERE ROAD
407 SOUTH
WEST PALM BEACH, FL 33406**

Mailing Address
**1601 BELVEDERE ROAD
407 SOUTH
WEST PALM BEACH, FL 33406**



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0031757

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, WILLIAM A
1601 BELVEDERE ROAD
407 SOUTH
WEST PALM BEACH, FL 33406**

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEYER, WILLIAM A
1601 BELVEDERE RD #407 S
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JABARA, RICHARD
7 KENOSIA AVE #2A
DANBURY, CT 06810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000078981
03/08/04-80046-021 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

William A. Meyer March 1, 2004 561-689-6602

Date

Daytime Phone #