

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002528

1. Entity Name
THE THOMAS COLACE COMPANY, LLC



Principal Place of Business
**315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

Mailing Address
**315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**



01052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0543105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISINGER, SHERYL A
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

**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 reinstating)

U000000090965
03/17/04-80040-009 50.00
DATE

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

U000000090965 *A.A.*
03/17/04-80040-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PST
WEISINGER, SHERYL A
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
DESSAK, PETER
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AT
GUNN, BLAKE
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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)(f), 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

Date

Daytime Phone #

Sheryl A. Weisinger *Sheryl Weisinger* **239-657-4421**