

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90150 044 \*\*\*\*50.00

**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**



01122006No Chg-LLC

CR2E083 (11/05)

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**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  
**VP  
PRESS, MAX  
315 E NEW MARKET RD  
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 exemptions contained in Chapter 119, 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**

**1/13/06 239-657-4421**