

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90054 003 ****50.00

DOCUMENT # L02000002944

1. Entity Name
LOOSERS CAMP LLC



Principal Place of Business
700 ELEVENTH STREET SOUTH, PH 2
NAPLES, FL 34102-6777

Mailing Address
700 ELEVENTH STREET SOUTH, PH 2
NAPLES, FL 34102-6777

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01122004 No Chg-LLC

CR2E083 (10/03)

4. Number

20-0860684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLINGTON SHIELD SERVICES LTD. INC.
700 ELEVENTH STREET SOUTH, PH 2
NAPLES, FL 34102-6777

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TYRRELL, THOMAS K..H.
700 ELEVENTH STREET, PH2
NAPLES, FL 341026777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4-21-04

Date

239-430-4306

Daytime Phone #