

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 003 ****50.00

DOCUMENT # L02000003978

1. Entity Name

ODIN, LIMITED LIABILITY COMPANY



Principal Place of Business

1100 SHRIMP BOAT LANE
FT MYERS BEACH FL 33931

Mailing Address

1100 SHRIMP BOAT LN
FORT MYERS BEACH FL 33931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

03-0452787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENSEN, H.E.
1100 SHRIMP BOAT LANE
FT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name **GRANT C. ERICKSON**

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

1100 SHRIMPBOAT LANE

City **FORT MYERS BEACH**

FL

Zip Code
33931

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

3-1-2007

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ERICKSON, GRANT**
STREET ADDRESS **1216 ALHAMBRA DR**
CITY- ST- ZIP **FORT MYERS FL 33901**

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Grant Erickson

3-1-07

2394634050

Date

Daytime Phone #