2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000007532 **Secretary of State** 1. Entity Name 02-08-2005 90079 028 ****55.00 ANDY, L.L.C. Mailing Address Principal Place of Business 5100 S. CLEVELAND AVE., #318387 FT MYERS FL 5100 S. CLEVELAND AVE., #318387 FT MYERS FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 36-1446 219 CR2E083 (10/04) 4. FEI Number AP-PLIED FOR Applied For City & State City & State Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired **A** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCKLEY, PATRICK J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1633 SE 47TH TERR CAPE CORAL FL 33904 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Addition TITLE Change TILLE Delete NAME TRUST, ANDREW M STREET ADDRESS STREET ADDRESS 5100 S. CLEVE #318387 CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP ☐ Change ☐ Delete THILE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

FILED

Feb 08, 2005 8:00 am

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date /-3/-05 Despline Phone #

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.