

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90087 001 \*\*\*250.00

**DOCUMENT # L02000008593**

1. Entity Name  
COLACE, LLC



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

Mailing Address  
POST OFFICE BOX 3088  
IMMOKALEE, FL 34143

**30000053**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
03-0424589

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
MAX PRESS  
315 E NEW MARKET RD  
IMMOKALEE FL 34142 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Sheryl A. Weisinger* SHERYL A WEISINGER 1/5/05 239 657 4421