2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000014452

1. Entity Name

PLIKLATT MUPLATT AND JP ADAMS THE



FILED Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90205 018 ****55.00

FUNLA	I MIJ PLATT AND JP ADAN	//5, LLC				, 200, 30203	33.	
Principal Plac	ce of Business	Mailing Address	Mailing Address					
1619 6TH 9	YPRESS GARDENS BLVD AND ST SE AVEN FL 33880	764 SANTA MARIA WINTER HAVEN FL		05				The state of the s
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		_	. 8934	 	INCO HENNE AN INDE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/06)			
City & State		City & State		4. FEI Number	01-0718976	, –	Applied For	
Zip	Country	Zip	Zip Country		5. Certificate of Sta	alus Desired	\$5.00 Fee Reg	Additional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis	stered Agent	
1.41				Name				
764	ATT, PHILLIP J I SANTA MARIA DRIVE NTER HAVEN FL 33884-38(Street Address (ss (P.O. Box Number is Not Acceptable)			
**11	41 EN TIMATIA I E 22004-200	,,						
				City			FL Zip C	Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts registere	ed office or register	red agent, or both, in	the State of Florida	a. Lam familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	DTE. Registerou	Agent signature required	t when reinstaling)		DATE	<u></u>
		Make Check Payal			nt of State			-
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/CH/	ANGES	
1011	MGRM	☐ Defete	ШЦ				☐ Chan	ge 🔲 Addition
NAME	KLATT, PHILLIP J		NAME					
STREET ADORLSS CITY - ST- 7IP	764 SANTA MARIA DRIVE WINTER HAVEN FL 33884-3805			TADDRESS S1 ZIP				
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LINE		☐ Delete	HITE				Chang	ge 🔲 Addition
NAME		Detects	NAMI				- custi	av □ vaminaii
STREET ADDRESS				TADDRESS				
CHY-S1-ZIP			CITY+S	ST-7IP				
11. hereby o	certify that the information supplied wit	h this filing does not qualify	for the eve	amptions contained	d in Section 119 Flor	rida Statutos I furti	hor cortify that th	o information

recroy certify that the information supplied with this filling 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 logal effect as if made under eath; 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:

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE