

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90013 041 \*\*\*\*50.00

DOCUMENT # L02000017129

1. Entity Name

RON WHITTEN WOOD DESIGNS, LLC



Principal Place of Business

Mailing Address

~~2169 TRADE CENTER WAY~~  
NAPLES FL 34109

~~2169 TRADE CENTER WAY~~  
NAPLES FL 34109

64001900



MOORE

CR2E083 (11/03)

2. Principal Place of Business

4120 Enterprise Ave.

Suite, Apt. #, etc.

Suite 110

City & State

Naples, FL

3. Mailing Address

4120 Enterprise Ave.

Suite, Apt. #, etc.

Suite 110

City & State

Naples, FL

4. FEI Number

14-1849631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDEN, CHRISTIAN B ESQ.  
3838 TAMIAMI TRAIL N. SUITE 416  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WHITTEN, RON	
STREET ADDRESS	<del>1210 YESICA ANN CIR #203</del>	
CITY-ST-ZIP	NAPLES FL <del>34410</del>	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HEILMAN, KRIS	
STREET ADDRESS	<del>1210 YESICA ANN CIR #203</del>	
CITY-ST-ZIP	NAPLES FL <del>34410</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitten, Ron	
STREET ADDRESS	2 Tina Lane #233	
CITY-ST-ZIP	Naples, FL 34104-3906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	
NAME	Whitten, Kris	
STREET ADDRESS	2 Tina Lane #233	
CITY-ST-ZIP	Naples, FL 34104-3906	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4-21-04 239-571-0297

Attachment  
24051960  
L0200017129

Department of Health • Vital Statistics

(STATE FILE NUMBER)

**STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INK**

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

MONROE COUNTY  
OFFICIAL RECORDS

FILE #1369731  
BK#1887 PG#2041

RCD May 14 2003 02:39PM  
DANNY L KOLHAGE, CLERK

P3148  
(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>RONALD WHITTEN, JR.</b>			2. DATE OF BIRTH (Month, Day, Year) <b>November 1, 1954</b>	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>	3b. COUNTY <b>COLLIER</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>WYOMING</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>KRIS WALCOTT HEILMAN</b>		5b. MAIDEN SURNAME (if different) <b>N/A</b>	6. DATE OF BIRTH (Month, Day, Year) <b>February 15, 1952</b>	
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>	7b. COUNTY <b>COLLIER</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ronald Whitten Jr.</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>April 11, 2003</b>
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Joyce Krikorian</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Kris Walcott Heilman</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>April 11, 2003</b>
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Joyce Krikorian</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>MONROE</b>	18. DATE LICENSE ISSUED <b>April 11, 2003</b>	19a. DATE LICENSE EFFECTIVE <b>April 14, 2003</b>	19. EXPIRATION DATE <b>June 13, 2003</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <b>DANNY L KOLHAGE</b>		20b. TITLE <b>CLERK OF THE COURT</b>	20c. BY D.C. <i>JK</i>

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>May 8, 2003</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>ISLAMORADA</b>
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Susan A. Blumore</i>	23c. ADDRESS (Of person performing ceremony) <b>251 PUEBLO STREET, TAVERNIER, FL 33070</b>
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (If notary stamp) <b>Commission # DD 029405 Expires July 12, 2005 Bonded Third Atlantic Bonding Co., Inc</b>	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>C. Satah</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Faustine Heule</i>

STATE OF FLORIDA  
COUNTY OF MONROE

This is a True Copy of the  
to this Office. Witness  
my hand.

this 2 day of June

2003  
Clerk Circuit Court

