

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000020173

1. Entity Name
WILMAR OF SOUTHWEST FLORIDA, LC



Principal Place of Business
**C/O RICHARD T. COTTER, P.A.
6100 ESTERO BLVD
FT MYERS BEACH, FL 33931**

Mailing Address
**C/O RICHARD T. COTTER, P.A.
6100 ESTERO BLVD
FT MYERS BEACH, FL 33931**



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2332413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COTTER, RICHARD T P.A.
6100 ESTERO BLVD
FT MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
1522069 ONTARIO LIMITED
6100 ESTERO BLVD
FT MYERS BEACH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SETTERINGTON, WILLIAM J
8040 GLENFINNAN CR
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11/25/06-800718-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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

WILLIAM J

SETTERINGTON JAN 16 /06

239-561-0675

Date

Daytime Phone #