

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 038 ****50.00

DOCUMENT # L02000023620

1. Entity Name

LCM, L.C.



Principal Place of Business

4005 PALM TREE BLVD.
CAPE CORAL FL 33904

Mailing Address

4005 PALM TREE BLVD.
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0124453

Applied For

Not Applicable

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

FLUHARTY, GARY A
23 CARROTWOOD COURT
FT. MYERS FL 33919

Name

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

42 Barkley Circle #3

City

Fort Myers

FL

Zip Code

33907

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DAVIS, RONALD L
8060 GLENFINNAN CIRCLE
FT. MYERS FL 33912

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
D'ANDREA, ROBERT L
15464 FIDDESTICKS BLVD.
FT. MYERS FL 33912

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FLUHARTY, GARY A
23 CARROTWOOD COURT
FT. MYERS FL 33919

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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 #