

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90053 029 ****50.00

DOCUMENT # L02000028871

1. Entity Name
WILSON BOULEVARD CENTER, LLC



Principal Place of Business
3785 AIRPORT ROAD NORTH, SUITE B-1
NAPLES, FL 34105

Mailing Address
3785 AIRPORT ROAD NORTH, SUITE B-1
NAPLES, FL 34105

60043846



04092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3775 Airport Rd N
Suite, Apt. #, etc.
Ste B

3. Mailing Address

3775 Airport Rd N
Suite, Apt. #, etc.
Ste B

City & State
Naples FL

City & State
Naples FL

4. FEI Number
42-1557289

Applied For
Not Applicable

Zip Country
34105 USA

Zip Country
34105 USA

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

6. Name and Address of Current Registered Agent

HOOVER, WILLIAM L
3785 AIRPORT RD N STE B-1
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name
Hoover, William L
Street Address (P.O. Box Number is Not Acceptable)
3775 Airport Rd N.
Suite B
City
Naples FL Zip Code
34105

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 *William L. Hoover* William L. Hoover, Mgr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-27-07
DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOOVER, WILLIAM
STREET ADDRESS 3785 AIRPORT RD N, STE B-1
CITY-ST-ZIP NAPLES, FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Hoover, William
STREET ADDRESS 3775 Airport Rd N. Ste B
CITY-ST-ZIP Naples FL 34105 ☒ Change ☐ Addition

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

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

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

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

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 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: *William L. Hoover* William L. Hoover Mgr. 4-27-07 239-403-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #