

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 034 ****50.00

DOCUMENT # L03000009532

1. Entity Name
GRUMPY, DOPEY & LMC, LLC



Principal Place of Business
126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950

Mailing Address
126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950

20060861



01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0596400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILEMAN, GARY T
1107 WEST MARION AVE., STE. 112
PUNTA GORDA, FL 33950

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NICKELSON, WILLIAM M
STREET ADDRESS	751 WEST RETTA ESPLANADE AVE.
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	JONES, KEVIN M
STREET ADDRESS	538 DARST AVENUE
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	JONES, MARGARET A
STREET ADDRESS	870 EAST 4TH STREET
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

6/22/05

Date

941-575-7714

Daytime Phone #