

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 039 ****50.00

DOCUMENT # L03000033831

1. Entity Name
ECLECTIC, LLC



Principal Place of Business
1083 N. COLLIER BOULEVARD
#332
MARCO ISLAND, FL 34145 US

Mailing Address
1083 N. COLLIER BOULEVARD
#332
MARCO ISLAND, FL 34145 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

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

NICI, JAMES R ESQ.
C/O COX & NICI 1185 IMMOKALEE RD
SUITE 110
NAPLES, FL 34110

Name

MARION MUNOZ

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

1083 N. COLLIER BLVD #332

marco fl. 34145

City

marco fl. 34145

FL

Zip Code

34145

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

MARION MUNOZ

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent Signature required (when reappointing)

8/21/07

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MUNOZ, MARION
1083 N. COLLIER BLVD. #332
MARCO ISLAND, FL 34145**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/21/07 404-1881