

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035338

1. Entity Name
WILSON FRANKLIN LLC



Principal Place of Business

**5410 W TYSON AVE
TAMPA, FL 33611**

Mailing Address

**P.O. BOX 13376
TAMPA, FL 33681**

DO NOT WRITE IN THIS SPACE



03052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
05-0585530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, RANDALL W
5410 W TYSON AVE
TAMPA, FL 33611**

**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 | SMITH, RANDALL W |
| STREET ADDRESS | 5410 W TYSON AVE |
| CITY - ST - ZIP | TAMPA, FL 33611 |
| TITLE | MGRM |
| NAME | SMITH, DAVID |
| STREET ADDRESS | 5410 W TYSON AVE |
| CITY - ST - ZIP | TAMPA, FL 33611 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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03/16/05-B0063-011 50.00

**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)(f), 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

Date

Daytime Phone #