

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035354

1. Entity Name
THAT LOOK, L.L.C.



Principal Place of Business
850 SOUTH COLLIER BLVD., STE. 1203
MARCO ISLAND FL 34145

Mailing Address
PO BOX 1366
MARCO ISLAND FL 34146



1st MOORE CR2E083 (10/04)

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
90-0109171

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

WEBSTER, RONALD S
985 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145

Name

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

City

FL

Zip Code

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
NELZ, DORKASNELIA R
850 SOUTH COLLIER BLVD., STE. 1203
MARCO ISLAND FL 34145

☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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000000243210
02/25/05-80032-003 50.00

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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:

DORKASNELIA R. NELZ

Dorkasnelia R. Nelz

Date

Daytime Phone #

2-22-05 239-248-6289