

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90231 033 ****55.00

DOCUMENT # L03000037915

1. Entity Name

TEXT EXECS, LLC



Principal Place of Business

2238 ARBOUR WALK CIR. #1823
NAPLES FL 34109

Mailing Address

2238 ARBOUR WALK CIR. #1823
NAPLES FL 34109

2. Principal Place of Business

200 Misty Pine Circle

Suite, Apt. #, etc.
#B203

City & State
Naples, FL

Zip
34105

Country
US

3. Mailing Address

200 Misty Pine Circle

Suite, Apt. #, etc.
#B203

City & State
Naples, FL

Zip
34105

Country
US



MOORE

CR2E083 (11/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTEP, MARY LYNN
1354 VIA PORTOFINO
NAPLES FL 34108

7. Name and Address of New Registered Agent

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

Mary Lynn Ester
Mary Lynn Ester

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VAHN, SAM
2238 ARBOUR WALK CIR. #1823
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Vahn, Samr
200 Misty Pine Circle
Naples FL 34105 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

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: *Renee D. Fliflet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/24/04 (239) 649-5960
Date Daytime Phone #