

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90100 049 ***150.00

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01222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0294984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOLRIDGE, ROBERT L
9310 136TH WAY NORTH
SEMINOLE, FL 33776

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE *VP*
NAME WOOLBRIDGE, ROBERT L
STREET ADDRESS 9310 136 WAY N.
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE *PRES.*
NAME *MATTHEW MOLES*
STREET ADDRESS *1345 WEST BAY DR. STE 301*
CITY-ST-ZIP *LARGO, FL 33770*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DATE

DAYTIME PHONE #

1-31-05

407-617-5763