

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90150 014 ****50.00

DOCUMENT # L03000041455

1. Entity Name

SIMMALYTICS, LLC



Principal Place of Business

3 MACY LANE
MARY ESTHER FL 32569

Mailing Address

3 MACY LANE
MARY ESTHER FL 32569

2. Principal Place of Business

8600 ESTRADA ST

3. Mailing Address

8600 ESTRADA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

NAVARRE FL

Zip

32566

Country

USA

Zip

32566

Country

USA

4. FEI Number

20-0353585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

SIMMONS, EUGENE B JR.
3 MACY LANE
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

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

8600 ESTRADA ST

City

NAVARRE

FL

Zip Code

32566

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 MGR ☐ Delete
NAME SIMMONS, EUGENE B JR.
STREET ADDRESS 3 MACY LANE
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8600 ESTRADA ST
CITY-ST-ZIP NAVARRE FL 32566

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

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

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

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

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

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

Date

Daytime Phone #

Eugene B Simmons Jr

27 JAN 05

850-368-3853