

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000045978

1. Entity Name
TAQ, LLC



Principal Place of Business
3960 VIA DEL REY
BONITA SPRINGS, FL 34134 US

Mailing Address
3960 VIA DEL REY
BONITA SPRINGS, FL 34134 US



04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2134115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESALVO, ANDREW P
3960 VIA DEL REY
BONITA SPRINGS, FL 34134

**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 MGR
NAME DESALVO, ANDREW P
STREET ADDRESS 3960 VIA DEL REY
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE MGR
NAME MINOR, Q. GRADY
STREET ADDRESS 3800 VIA DEL REY
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE MGR
NAME GARGANO, ANTHONY J
STREET ADDRESS 1343 POINCIANA AVE.
CITY-ST-ZIP FORT MYERS, FL 33901

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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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: *Andrew P. Desalvo*

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

4-13-05 *239-998-1200*

Date

Daytime Phone #