


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-06-2004 90165 027 ****50.00

DOCUMENT # L03000047107					
1. Entity Name 886 PACKINGHOUSE LLC					
Principal Place of Business 4343 SAWYER RD SARASOTA FL 34233 US			Mailing Address 4343 SAWYER RD SARASOTA FL 34233 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number APPLIED FOR				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAECHTER, ROBERT 4343 SAWYER RD SARASOTA FL 34233				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 _____ (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, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAECHTER, ROBERT 4343 SAWYER RD SARASOTA FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Robert Waechter</i>			2/16/04 941 349-0798		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Attachment

34600513 203000047107

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

886 PACKINGHOUSE LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

ROBERT WAECHTER

4a Mailing address (room, apt., suite no. and street, or P.O. box)

4343 SAWYER RD

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

SARASOTA FL 34233

5b City, state, and ZIP code

6 County and state where principal business is located

SARASOTA FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor

ROBERT WAECHTER

7b SSN, ITIN, or EIN

125323340

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☒ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☒ Other (specify) ▶ LLC DISREGARDED ENTITY - SOLE PROPRIETORSHIP

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ State/local government

☐ Farmers' cooperative

☐ Federal government/military

☐ REMIC

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ LLC

☐ Banking purpose (specify purpose) ▶

☒ Changed type of organization (specify new type) ▶ ~~LLC~~

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

1/1/2004

11 Closing month of accounting year

12

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural

Household

Other

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☒ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Wholesale-agent/broker

☐ Accommodation & food service

☐ Wholesale-other

☐ Retail

☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

REAL ESTATE RENTAL

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ ROBERT WAECHTER Trade name ▶ RWR INSTALLATIONS INC

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

1984

SARASOTA FL

59 2465043

Third
Party
Designee

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Signature ▶

Robert Waechter

Date ▶

Applicant's telephone number (include area code)

Applicant's fax number (include area code)

(941) 923 6898