

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90026 010 ****50.00

DOCUMENT # L03000049717

1. Entity Name

GEOFF STATLER WOODCRAFTS LLC



Principal Place of Business

2601 WEBB AVE, BAY 5
DELRAY BEACH FL 33444

Moved
to

Mailing Address

2601 WEBB AVE, BAY 5
DELRAY BEACH FL 33444

Bay 4 12/04



2. Principal Place of Business

2601 Webb Ave

3. Mailing Address

2601 Webb Ave.

Suite, Apt. #, etc.

Bay 4

Suite, Apt. #, etc.

Bay 4

City & State

Delray Bch., Fl.

City & State

Delray Bch., Fl.

Zip

33444

Country

Palm Beach

Zip

33444

Country

Palm Beach

1st MOORE

CR2E083 (10/04)

4. FEI Number

264 061290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATLER, GEOFFREY
2601 WEBB AVE, BAY 5
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name Geoffrey Statler

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

2601 Webb Ave Bay 4

City

Delray Beach

FL

Zip Code

33444

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

Geoff W. Statler

4/22/05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME M G-R
STREET ADDRESS Geoffrey Statler
CITY-ST-ZIP 2601 Webb Ave Bay 4
Delray Beach, Fl. 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
NAME
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:

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

Date

Daytime Phone #

Geoff W. Statler