

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90006 035 ****50.00

DOCUMENT # L03000053141

1. Entity Name
CHRIS MOGELVANG, LLC



Principal Place of Business
**2450 NORTH ROAD
NAPLES, FL 34104**

Mailing Address
**P.O. BOX 3316
NAPLES, FL 34106**



2. Principal Place of Business
917 Preacher Court

3. Mailing Address
917 Preacher Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032006 Chg-LLC CR2E083 (11/05)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
20-1984276

Applied For
☐ Not Applicable

Zip
34104

Country
U.S.A.

Zip
34104

Country
U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOGELVANG, L.P. CHRISTIAN
2450 NORTH ROAD
NAPLES, FL 34104**

Name
Mogelvang, Chris

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

917 Preacher Court

City
Naples

FL

Zip Code
34104

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 September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGRM
NAME
MOGELVANG, L.P. CHRISTIAN
STREET ADDRESS
2450 NORTH ROAD
CITY-ST-ZIP
NAPLES, FL 34104

☒ Delete

TITLE
MGRM
NAME
Mogelvang, Chris
STREET ADDRESS
917 Preacher Court
CITY-ST-ZIP
Naples, FL 34104

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

7/14/06 (239) 404-1905

Date

Daytime Phone #