

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/1/2005-90091-031-\$55.00-\$55.00

DOCUMENT # L04000011661

1. Entity Name

GEORGE MEYERS LLC



FILED
CLERK OF STATE
CORPORATIONS

13-4306349

Principal Place of Business

284 SANTAREM CIRCLE
PUNTA GORDA FL 33983

Mailing Address

284 SANTAREM CIRCLE
PUNTA GORDA FL 33983

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2. Principal Place of Business

284 Santarem Circle
Punta Gorda
FL 33983

3. Mailing Address

284 Santarem Circle
Punta Gorda FL
33983 USA

1st MOORE

CR2E083 (10/04)

FEI Number

13-4306349

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, GEORGE
284 SANTAREM CIRCLE
PUNTA GORDA FL 33983

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

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	MEYERS, GEORGE	
STREET ADDRESS	284 SANTAREM CIRCLE	
CITY- ST- ZIP	PUNTA GORDA FL 33983	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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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		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY- ST- ZIP		

REINSTATEMENT

☐ Change ☐ Addition

2005

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CORPORATIONS

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

George Meyers

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

7/20/05

Date

Daytime Phone #