

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90195 017 \*\*\*\*50.00

**DOCUMENT # L04000011661**

1. Entity Name

**GEORGE MEYERS LLC**



Principal Place of Business

**284 SANTAREM CIRCLE  
PUNTA GORDA FL 33983**

Mailing Address

**284 SANTAREM CIRCLE  
PUNTA GORDA FL 33983**



2. Principal Place of Business

*284 Santarem Circle*

3. Mailing Address

*284 Santarem Circle*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Punta Gorda FL*

City & State

*Punta Gorda FL*

Zip

*33983*

Country

*USA*

Zip

*33983*

Country

*USA*

4. 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

7. Name and Address of New Registered Agent

**MEYERS, GEORGE  
284 SANTAREM CIRCLE  
PUNTA GORDA FL 33983**

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, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
MEYERS, GEORGE  
284 SANTAREM CIRCLE  
PUNTA GORDA FL 33983**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*George Meyers*

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

Date

Daytime Phone #