

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 036 ****50.00

DOCUMENT # L04000016843

1. Entity Name
TIM WHEELER ENTERPRISE LLC



Principal Place of Business
**276 WILLIAMS DITCH RD
CANTONMENT, FL 32533**

Mailing Address
**P O BOX 766
CANTONMENT, FL 32533**

2. Principal Place of Business

**6432 Barrineau Ln.
Suite, Apt. #, etc.
Molino, Florida
City & State**

3. Mailing Address

**6432 Barrineau Ln.
Suite, Apt. #, etc.
Molino
City & State**



03102005 Chg-LLC CR2E083 (10/03)

ZIP

32577

Country

Escambia

ZIP

32577

Country

Escambia

4. FEI Number

20-0814961

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**WHEELER, NANCY E
276 WILLIAMS DITCH RD
CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name
Nancy E. Wheeler
Street Address (P.O. Box Number is Not Acceptable)
6432 Barrineau Ln.
City
Molino FL Zip Code
32577

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 **Nancy E. Wheeler**

March 15, 2005

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 May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHEELER, NANCY E
P O BOX 766
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHEELER, TIMOTHY
P O BOX 766
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgrm
Wheeler, Nancy E
6432 Barrineau Ln
Molino, Florida, 32577** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgrm
Wheeler, Tim
6432 Barrineau Ln.
Molino, Florida, 32577** ☒ Change ☐ Addition

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

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

TITLE
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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: **Nancy E. Wheeler** **Nancy E. Wheeler** 3/15/05 850-587-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #