

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90278 016 ****50.00

DOCUMENT # L04000028040

1. Entity Name

HOWE ENTERPRISES, LLC



Principal Place of Business

36880 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982
US

Mailing Address

36880 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982
US



2. Principal Place of Business - No P.O. Box #

36,880 Washington Lp. Rd.
Suite, Apt. #, etc.

3. Mailing Address

36,880 Washington Lp. Rd.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

4. FEI Number

20-1002864

Applied For

Not Applicable

Zip

33982

Country

USA

Zip

33982

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWE, RICHARD
36880 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HOWE, RICHARD
STREET ADDRESS 36880 WASHINGTON LOOP ROAD
CITY ST ZIP PUNTA GORDA FL 33982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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

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:

Richard T. Howe

2-7-07 941-628-3564

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

Date

Daytime Phone #