

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1/26/2005-90059-041-\$55.00-\$55.00 LED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:19

DOCUMENT # L04000057432 1. Entity Name DENNIS J. NOELKE LLC					
Principal Place of Business 1650 BELL AVENUE FORT PIERCE FL 34982			Mailing Address 1650 BELL AVENUE FORT PIERCE FL 34982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1448620	
				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		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410			Name DENNIS J. NOELKE Street Address (P.O. Box Number is Not Acceptable) 1650 BELL AVE City FORT PIERCE FL Zip Code 34982		
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 <i>Dennis J. Noelke</i> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOELKE DENNIS J 1650 BELL AVENUE FORT PIERCE FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. MGR DANIEL E. NOELKE 1650 BELL AVE FORT PIERCE FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 <i>Dennis J. Noelke</i>			1-22-05 772-216-5125 Date Daytime Phone #		