

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/14/2005-90072-002-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:14



2nd MOORE CR2E083 (5/05)

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
FBI Number 41-2156878 Applied For Not Applicable

DOCUMENT # L04000066307
1. Entity Name
THOMAS SCHIPP, LLC



Principal Place of Business Mailing Address
4646 BERWIN COURT 4646 BERWIN COURT
PALM HARBOR FL 34685 PALM HARBOR FL 34685

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
BULMER, RENEE
4646 BERWIN COURT
PALM HARBOR FL 34685

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 *Benee Bulmer* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wendell Bulmer 4646 Berwin Ct. PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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REINSTATEMENT 2005

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: *Benee Bulmer* Benee Bulmer 9/8/05 727-944-372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone