

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90152 038 ****50.00

DOCUMENT # L04000068944

1. Entity Name

THOMAS HOHNKE, LLC



Principal Place of Business

Mailing Address

13300-56 S CLEVELAND AVE PMB-624
FORT MYERS FL 33907

13300-56 S CLEVELAND AVE PMB-624
FORT MYERS FL 33907



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

1450 Cleveland Ave.

3. Mailing Address

13300-56 S. Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

624

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33919

Country

USA

Zip

33907

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1647763

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

HOHNKE, THOMAS D
13300-56 S CLEVELAND AVE PMB-624
FORT MYERS FL 33907

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

Thomas D. Hohnke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HOHNKE, THOMAS D
13300-56 S. CLEVELAND AVE. PMB-624
FORT MYERS FL 33907 ☐ Delete

TITLE
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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:

Thomas D. Hohnke

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

2-21-07 (239) 822-3931

Date

Daytime Phone #