

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000073916

1. Entity Name
TIME OFF, LLC



Principal Place of Business
8621 CHAMPIONS POINT
#504
NAPLES, FL 34113

Mailing Address
P.O. BOX 38
OTTERTAIL, MN 56571

DO NOT WRITE IN THIS SPACE



01242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0885711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUCHTEN, DEMIAN M ESQ
975 6TH AVE., S., STE 200
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000403883
02/06/06-80025-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FREGEAU, PIERRE
STREET ADDRESS 6039 SHALLOWS WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE MGRM
NAME CARR, BRUCE
STREET ADDRESS P.O. BOX 38
CITY-ST-ZIP OTTERTAIL, MN 56571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 _____

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

Date

Daytime Phone #

1-24-06 1-218-3673360