

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90035 001 *****50.00
04-19-2005 90035 002 *****5.00

DOCUMENT # L04000086008

1. Entity Name

MICHELLE A. WILLAX, P.L.



Principal Place of Business

956 GLEN LAKE CIRCLE
NAPLES FL 34119

Mailing Address

956 GLEN LAKE CIRCLE
NAPLES FL 34119

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

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

WILLAX, MICHELLE A
956 GLEN LAKE CIRCLE
NAPLES FL 34119

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, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILLAX, MICHELLE A
956 GLEN CIRCLE
NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Michelle A. Willax

4-12-05 239/398-6929

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

Date

Daytime Phone #