


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90019 014 \*\*\*\*50.00

<b>DOCUMENT # L04000089297</b> 1. Entity Name GREGORY R. BOLIN, LLC																																									
Principal Place of Business 3335 SUNRISE BLVD. FORT PIERCE, FL 34982			Mailing Address 3335 SUNRISE BLVD. 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																																						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																					
BOLIN, GREGORY R. 3335 SUNRISE BLVD. FORT PIERCE, FL 34982				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: <u>Gregory R. Bolin</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/9/05</u>																																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY- ST- ZIP         </td> <td style="width: 70%; padding: 2px;">           OWNER GREGORY R. BOLIN 3335 SUNRISE BLVD. FORT PIERCE, FL 34982         </td> <td style="width: 10%; text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	OWNER GREGORY R. BOLIN 3335 SUNRISE BLVD. FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY- ST- ZIP         </td> <td style="width: 70%; padding: 2px;"></td> <td style="width: 10%; text-align: center; padding: 2px;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Gregory R. Bolin</u> DATE: <u>3/9/05</u> (772) 465-6896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																									

30004426



03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2618600 Applied For Not Applicable

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

FL Zip Code

3/9/05

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

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