

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90191 040 ****50.00

DOCUMENT # L05000016063

1. Entity Name
COREY BROTHERS, LLC



Principal Place of Business
**1308 SUNBURY DRIVE
FT. MYERS, FL 33901**

Mailing Address
**1308 SUNBURY DRIVE
FT. MYERS, FL 33901**

2. Principal Place of Business
1308 Sunbury Dr
Suite, Apt. #, etc.

3. Mailing Address
1308 Sunbury Dr
Suite, Apt. #, etc.



01042006 Chg-LLC CR2E083 (11/05)

City & State
Ft. Myers FL
Zip
33901 Country
US

City & State
Ft. Myers FL
Zip
33901 Country

4. FEI Number
20-2573355 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COREY, GORDON W
1308 SUNBURY DRIVE
FT. MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name
Gordon W. Corey
Street Address (P.O. Box Number is Not Acceptable)
1308 Sunbury Dr
City
Ft. Myers FL Zip Code
33901

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME Corey Gordon W	
STREET ADDRESS 1308 Sunbury Drive	
CITY-ST-ZIP Fort Myers FL 33901	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239-243-4589

2-7-2006