

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-13-2006 90039 022 ****55.00

DOCUMENT # L05000019813

1. Entity Name

MEN IN BLACK, LLC



Principal Place of Business

**3200 VILLAGE WALK CIRCLE #202
NAPLES FL 34109**

Mailing Address

**3200 VILLAGE WALK CIRCLE #202
NAPLES FL 34109**



2. Principal Place of Business

**3200 Village Walk Cir.
Suite, Apt. #, etc.
#202**

3. Mailing Address

**3200 Village Walk Cir.
Suite, Apt. #, etc.
#202**

1st MOORE

CR2E083 (10/05)

City & State

Naples, FLA.

City & State

Naples, FLA.

4. FEI Number

04-3802098

Applied For

Not Applicable

Zip

34109

Country

Collier

Zip

34109

Country

Collier

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICE, ROGER B P.A.
5425 PARK CENTRAL COURT
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **Rice, Roger B. P.A.**

Street Address (P.O. Box Number is Not Acceptable)

5425 Park Central Court

City **Naples,**

FL

Zip Code
34109

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

Steven Scott Nelson

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, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NELSON, STEVEN SCOTT
3200 VILLAGE WALK CIRCLE, E202
NAPLES FL 34109** ☐ 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 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:

Steven Scott Nelson

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

Date

Daytime Phone #

4/7/06

239-564-8088