

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90211 015 ****50.00

DOCUMENT # L05000030622

1. Entity Name
THOMAS R. CONKLIN - ATTORNEY & COUNSELOR A
PROFESSIONAL LIMITED LIABILITY COMPANY



Principal Place of Business
TWO NORTH TAMiami TRAIL
SUITE 506
SARASOTA, FL 34236

Mailing Address
TWO NORTH TAMiami TRAIL
SUITE 506
SARASOTA, FL 34236

20000500



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

TWO North Tamiami Trail

TWO North Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 506

Suite 506

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34236

Country
US

Zip
34236

Country
US

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2609696

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

CONKLIN, THOMAS R
1133 4TH STREET, STE.314
SARASOTA, FL 34236

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR MBR
CONKLIN, THOMAS R
1133 4TH STREET, STE.314
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR MBR
Thomas Conklin
2 North Tamiami Tr. Suite 506
Sarasota, FL 34236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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 #

1-4-07 9413662608