

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000038758

1. Entity Name
POLIVKA LADIES GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:50

Principal Place of Business
1835 SE 4TH AVENUE
FT. LAUDERDALE, FL 33316 US

Mailing Address
1835 SE 4TH AVENUE
FT. LAUDERDALE, FL 33316 US

2. Principal Place of Business
2600 SW 3rd. Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
SAME



10162006 Chg-LLC CR2E083 (11/05)

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

4. FEI Number
20-2842970

Applied For
Not Applicable

Zip
33315

Country
US

Zip
33315

Country
US

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

POLIVKA, BASIL
4835 SE 4TH AVE 411 N New River Dr. E
FT. LAUDERDALE, FL 33316 #903
33301

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 Basil Polivka DATE 2-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
POLIVKA, BONNIE S
1835 SE 4TH AVE
FT. LAUDERDALE, FL 33316 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
POLIVKA ADAMS, LESLIE
725 LALLY ROCK COURT
ORLANDO, FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100088889421
02/21/07--01019--023 **55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
POLIVKA, DONNA J
613 PAR PINES BLVD.
DAVENPORT, FL 33937 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
POLIVKA, RUTHANNE M
1460 SPRINGWOOD TRACE SE
WARREN, OH 44484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DABELKO, MARIE
3823 EVERETT HULL ROAD
CORTLAND, OH 44410 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILBURN, MARY KAY
256 N. EDGEHILL AVE.
YOUNGSTOWN, OH 44515 ☒ 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: Bonnie Polivka, MGRM DATE 2-13-07 DAYTIME PHONE # 954-463-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE