

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -2 AM 8:52

DOCUMENT # L05000042517

1. Entity Name
ORTHO BIRD PRODUCTS, LLC



Principal Place of Business
~~200 D-3 NIX BOATYARD ROAD~~
~~SAINT AUGUSTINE, FL 32084~~ US

Mailing Address
200 D-3 NIX BOATYARD ROAD
SAINT AUGUSTINE, FL 32084 US

2. Principal Place of Business
4711 Australian Ave
Suite, Apt. #, etc.
#12

3. Mailing Address
4711 Australian Ave
Suite, Apt. #, etc.
#12



05012006 Chg-LLC CR2E083 (11/05)

City & State
West Palm Beach FL
Zip
33407
Country
Palm Beach

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West Palm Beach FL
Zip
33407
Country
Palm Beach

4. FEI Number
13-4298536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILDER, ROBERT L
4711 AUSTRALIAN AVE STE 12
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, ROBERT L	
STREET ADDRESS	PO BOX 5004 9479 OSPREY ISLES	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085 West Palm Beach	
TITLE	FL 33412	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	Phone 561-863-0451	
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	ROBERT L WILDER
STREET ADDRESS	9479 OSPREY ISLES BLVD
CITY-ST-ZIP	WEST PALM BEACH FL 33412
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	
CITY-ST-ZIP	
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	
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 #

561-863-0451