

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90179 007 ****50.00

DOCUMENT # L05000051902

1. Entity Name

TROUBADOUR POETS 'N CARPENTRY, L.L.C.



Principal Place of Business

2620 WILD PINES LANE,
#420
NAPLES FL 34112

Mailing Address

2620 WILD PINES LANE,
#420
NAPLES FL 34112



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

2620 Wild Pines Lane

3. Mailing Address

2620 Wild Pines Lane

Suite, Apt. #, etc.

Apt. 420

Suite, Apt. #, etc.

Apt. 420

City & State

Naples, FL

City & State

Naples, FL

Zip

34112

Country

USA

Zip

34112

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

51-0548291

Applied For

☒ Not Applicable (?)

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORSYTHE, ROGER W
2620 WILD PINES LANE,
#420
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Roger W. Forsythe

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

2620 Wild Pines Lane, #420

City

Naples

FL

Zip Code

34112

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

Roger W. Forsythe

(NOTE: Registered Agent signature required when re-registering)

DATE

1/28/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
FORSYTHE, ROGER W
2620 WILD PINES LANE, #420
NAPLES FL 34112

☐ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP

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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:

Roger W. Forsythe

1/28/07

(239)287-1832

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

Date

Daytime Phone #