

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90208 050 ****55.00

DOCUMENT # L05000067917

1. Entity Name
STRONG TOWER LLC



Principal Place of Business
**835 SENINTELA BLVD.
LEHIGH ACRES, FL 33936**

Mailing Address
**P.O. BOX 580
LEHIGH ACRES, FL 33970**

20025851



2. Principal Place of Business
835 SENTINELA BLVD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 580
Suite, Apt. #, etc.

03312006 Chg-LLC CR2E083 (11/05)

City & State
LEHIGH ACRES, FL
Zip
33936
Country
U.S.A.

City & State
LEHIGH ACRES, FL
Zip
33970
Country
USA

4. FEI Number
20-3533835
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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 _____ (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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REEHIL, WILLIAM
835 SENINTELA BLVD.
LEHIGH ACRES, FL 33936** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HEATH, RYAN
835 SENINTELA BLVD.
LEHIGH ACRES, FL 33936** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHEK, THOMAS
835 SENINTELA BLVD.
LEHIGH ACRES, FL 33936** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
MARCELLA MORALES
7949 CATALINA CIR.
TAMARAC, FL 33321** ☒ Change ☐ Addition

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

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

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: *William Reehil* 4-5-2006