

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000073145

1. Entity Name
WILHELM & ASSOCIATES, LLC



Principal Place of Business
11445 MOCCASIN GAP ROAD
TALLAHASSEE, FL 32309

Mailing Address
11445 MOCCASIN GAP ROAD
TALLAHASSEE, FL 32309

2. Principal Place of Business

3. Mailing Address

PK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☐ 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

MCCORMACK, FRED ESQ.
411 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RICHARD WILHELM
11445 Moccasin Gap Rd
TALL. FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100068871441
03/29/06--01008--023 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 #

3-13-06

FILED

2006 MAR 13 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

