

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90241 010 \*\*\*\*50.00

**DOCUMENT # L05000093196**

1. Entity Name  
**MYSTIC CHORDS SOCIAL AID & PLEASURE CLUB LLC**



Principal Place of Business  
**1450 VIA PORTOFINO  
NAPLES, FL 34108**

Mailing Address  
**1450 VIA PORTOFINO  
NAPLES, FL 34108**

**20010141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-3497984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

**KEITH A. SHARPE**

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

**1450 VIA PORTOFINO**

City

**NAPLES**

FL

Zip Code

**34108**

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

**2/20/06**

**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  
SHARPE, KEITH A  
1450 VIA PORTOFINO  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MICHAEL WILLIE SHALLIES  
1450 VIA PORTOFINO  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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

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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

**2/20/06**

Date

**(239) 566-2800**

Daytime Phone #