

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2006-90050-013-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:55

DOCUMENT # L05000097614

1. Entity Name  
GENAPOL, LLC



Principal Place of Business  
1710 S. TARPON BAY DRIVE  
SUITE 101  
NAPLES, FL 34119

Mailing Address  
1710 S. TARPON BAY DRIVE  
SUITE 101  
NAPLES, FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282006 Chg-LLC CR2E083 (11/05)

4. FEI Number

13-4344071

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 Now Registered Agent

FILIPOWICZ, GREGORY  
1710 S. TARPON BAY DRIVE  
SUITE 101  
NAPLES, FL 34119

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 transferring)

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
ROSS, ARTHUR J  
6414 N. ST. LOUIS  
LINCOLNWOOD, IL 60712 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
FILIPOWICZ, GREGORY  
1710 S. TARPON BAY DRIVE #101  
NAPLES, FL 34119 ☐ Delete

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

TITLE  
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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:

*Arthur J. Ross*

ARTHUR J. ROSS

Sept. 1, 2006

847-674-5404

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

Date

Daytime Phone #