## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 06, 2006 8:00 am Secretary of State DOCUMENT # L05000098315 1. Entity Name 02-06-2006 90178 018 \*\*\*\*50.00 KROHN ENTERPRISES, LLC Principal Place of Business Mailing Address 12351 COCONUT CREEK COURT 12351 COCONUT CREEK COURT FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 42 168 1871 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KROHN, CONSTANCE L Street Address (P.O. Box Number is Not Acceptable) 12351 COCONUT CREEK COURT FORT MYERS FL 33908 City Zip Code FL 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, 1-26-06 (NOTE Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM Delete TITLE Change ☐ Addition NAME KROHN, CONSTANCE L NAME STREET ADDRESS 12351 COCONUT CREEK COURT STREET ADDRESS CITY-ST-ZIE FORT MYERS FL 33908 CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITLE MGRM NAME NAME KROHN, MITCHELL W SR. STREET ADDRESS 12351 COCONUT CREEK COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 Delete TITLE ☐ Change ☐ Addition TiTLE MGRM NAME KROHN, MITCHELL W JR. STREET ADDRESS STREET ADDRESS 12481 MCGREGOR PALMS DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Addition TITLE MGRM ☐ Delete TITLE Know HAIR, Sheller J. Brive NAME KROHN HAIR, SHELLEY J NAME STREET ADDRESS STREET ADDRESS 12481 MCGREGOR PALMS DRIVE CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: Onelle / Linh 1-26-06 339931819

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.