

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 030 ****50.00

DOCUMENT # L05000116343

1. Entity Name
WIDDOP & WIDDOP, LLC



20041221

Principal Place of Business
**3 THE GROVE MELTHAM, HOLMFIRTH
HUDDERSFIELD, WEST YORKSHIRE
ENGLAND, HD94E-H**

Mailing Address
**3 THE GROVE MELTHAM, HOLMFIRTH
HUDDERSFIELD, WEST YORKSHIRE
ENGLAND, HD94E-H**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006 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

**CHARLES HECKIN, JOHN
21202-C2 OLEAN BLVD.
PORT CHARLOTTE, FL 33952**

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

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

TITLE
MGR
NAME
HERBERT WIDDOP, GEORGE
STREET ADDRESS
3 THE GROVE MELTHAM, HOLMFIRTH
CITY-ST-ZIP
ENGLAND, HD94EH

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
MGR
NAME
WIDDOP, PETER MYLES
STREET ADDRESS
7 BISHOPS WAY, MELTHAM, HOLMFIRTH
CITY-ST-ZIP
ENGLAND HD9 4BW

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

George H. Widdop

04/26/2006 011-44-1484 859934

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

Date

Daytime Phone #