

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1 Feb 08, 2007 8:00 am
Secretary of State

01-10-2007 90059 016 ****50.00

DOCUMENT # L06000033031

1. Entity Name
EFM CHEESEHEADS LLC



Principal Place of Business
16488 EDMONT DRIVE
FORT MYERS, FL 33908

Mailing Address
16488 EDMONT DRIVE
FORT MYERS, FL 33908



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number

14-1955115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, JOSEPH P JR.
16488 EDMONT DRIVE
FORT MYERS, FL 33908

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 re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DANIEL, OBERBRUNNER
STREET ADDRESS
320 E. FERNWOOD LANE
CITY- ST- ZIP
APPLETON, WI 54913 ☐ Delete

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

TITLE
NAME
MGRM
JOSEPH, O'CONNOR JR.
STREET ADDRESS
16488 EDMONT DRIVE
CITY- ST- ZIP
FORT MYERS, FL 33908 ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
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:

Joseph P. O'Connor Jr.

1-6-07 (239) 481-2847

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

Date

Daytime Phone #