

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90094 025 ****50.00

DOCUMENT # L06000065380

1. Entity Name
BOB SCHNEIDER LURES, LLC



Principal Place of Business
**1125 OLD DIXIE HIGHWAY
UNIT #2
LAKE PARK, FL 33403**

Mailing Address
**1125 OLD DIXIE HIGHWAY
UNIT #2
LAKE PARK, FL 33403**

60051355



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05252007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, CHARLES RL
725 N. A1A
SUITE C-140
JUPITER, FL 33455**

Name

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

941 NORTH A1A

City

JUPITER

FL

Zip Code

33477

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

5/29/07

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DYLE, KARL
37920 VILLA MAR
HARRISON TOWNSHIP, MI 48045**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3342 GREENWAY DRIVE
JUPITER, FL 33458**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DYLE, TRACY
37920 VILLA MAR
HARRISON MAR, MI 48045**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**3342 GREENWAY DRIVE
JUPITER, FL 33458**

☒ 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

KARL DYLE, MGR

Date

Daytime Phone #

5/29/07 845-1994