

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90276 035 ****50.00

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1. Entity Name
BECKNER JEWELRY & REPAIRS, LLC



Principal Place of Business Mailing Address
4910 TAMiami TRAIL NORTH SUITE 216 NAPLES, FL 34103

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

02202007 Chg-LLC CR2E083(12/06)

4. FEI Number **51-0608300** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE WELDON LAW FIRM, PL
5100 TAMiami TRAIL NORTH
SUITE 138
NAPLES, FL 34103**

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 _____ (NOTE: Registered Agent's signature is required when re-instating) DATE _____

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME BECKNER, JAMES A
STREET ADDRESS 14693 SUTHERLAND AVENUE
CITY-ST-ZIP NAPLES, FL 34119

TITLE MGRM ☐ Delete
NAME BECKNER, RENEE S
STREET ADDRESS 14693 SUTHERLAND AVENUE
CITY-ST-ZIP NAPLES, FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F.S. indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Florida Statutes. If further certify that the information I am a managing member or manager of the company.

SIGNATURE: Renée S. Beckner Renée S. Beckner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2.20.07 Daytime Phone# 261-6965