## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L06000120288 04-16-2007 90336 016 \*\*\*\*50.00 1. Entity Name
KOPPEL ENTERPRISES LLC Principal Place of Business Mailing Address 12604 BACCHUS RD 12604 BACCHUS RD PORT CHARLOTTE, FL 33981 PORT CHARLOTTE, FL 33981 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 20-5935827 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOPPEL, KARL T 12604 BACCHUS RD Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33981 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. SIGNATURE Signature, typed or printed father of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete ☐ Addition TITLE ☐ Change KOPPEL, KARLT NAME 12604 BACCHUS RD STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33981 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Change ☐ Addition KOPPEL, KATHLEEN A. NAME NAME STREET ADDRESS 12604 BACCHUS RD STREET ADDRESS CITY-ST-7IP PORT CHARLOTTE, FL. 33981 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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.

CITY-ST-ZIP

412-759-1250 Daytime Phone #

CITY-ST-ZIP

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## ATTACHMENT

DOCUMENT # L06000120288  1. Entity Name KOPPEL ENTERPRISES LLC						)					
Principal Place of Business 12604 BACCHUS RD PORT CHARLOTTE, FL 33981			Mailing Address 12604 BACCHUS RD PORT CHARLOTTE, FL 33981			60036411					
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E08	33 (12/06)		
City & State			City & State			4. FEI Numb	935827		<del></del>	plied For t Applicable	
Zip			Zip	Country			e of Status Desired	_	5.00 Add		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
KOPPEL, 1 12604 BAC	CCHUS RE						P.O. Box Number is Not Acceptable)				
PORT CHARLOTTE, FL 33981											
					City			FL	Zip Code	9	
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, 2007								e check pa Departme	-	•	
9.	T	MANAGING MEMBER	RS/MANAGERS 10.				ADDITIONS/CHANGES				
TITLE NAME	MGRM KOPPEL,	KARI T	☐ Delete TITLE NAME		1				☐ Change	☐ Addition	
STREET ADDRESS	l .	CCHUS RD			ET ADDRESS						
CITY-ST-ZIP	PORT CH	ARLOTTE, FL 33981		CITY-ST							
TITLE	MGRM		☐ Delete	TITLE					☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY-	ST-ZIP						
11. I hereby o	certify that the	information supplied with	this filing does not qualify for hat my signature shall have t	the exer	motions contained	d in Chapter 119	, Florida Statutes. I fu	inther certify	that the info	rmation	

KARL T KOPPEL MONDO / 23/07412-759-1250
RE AND TYPED OR PRINTED HANDO'S SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Described Property Control Printed Printed Managing Member Managing on Authorized Representative Date Date Described Printed P