

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90314 010 ***138.75

DOCUMENT # L07000049212 1. Entity Name MERCIER, LLC																													
Principal Place of Business 15135 MCGREGOR BLVD. FORT MYERS, FL 33908			Mailing Address 15135 MCGREGOR BLVD. 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																										
4. FEI Number 26-0150717			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent MERCIER, WALTER F 15135 MCGREGOR BLVD. FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 signature required when reinstating) _____ DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MERCIER, WALTER F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15135 MCGREGOR BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS, FL 33908</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">SECRETARY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DIANNE A. MERCIER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16853 COLONY LAKES BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. MYERS, FL 33908</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MERCIER, WALTER F		STREET ADDRESS	15135 MCGREGOR BLVD.		CITY - ST - ZIP	FORT MYERS, FL 33908		TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DIANNE A. MERCIER		STREET ADDRESS	16853 COLONY LAKES BLVD.		CITY - ST - ZIP	FT. MYERS, FL 33908	
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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: WALTER F. MERCIER 04-17-08 239-437-0377 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

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