

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L94000000250

1. Entity Name
FORTIN, WALLACE & WILKES LIMITED COMPANY



Principal Place of Business
**5701 DIVISION DRIVE
FORT MYERS, FL 33905**

Mailing Address
**5701 DIVISION DRIVE
FORT MYERS, FL 33905**



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0558370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARENT, DAVID C
5701 DIVISION DRIVE
FORT MYERS, FL 33905**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILKES, GARY L
STREET ADDRESS	1630 PINE AVENUE
CITY - ST - ZIP	ALVA, FL 33920
TITLE	MGRM
NAME	PARENT, DAVID C
STREET ADDRESS	3859 HIDDEN ACRES CIRCLE
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903
TITLE	MGRM
NAME	PARENT, LYNN M
STREET ADDRESS	3859 HIDDEN ACRES CIRCLE
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000603662
01/29/07-80021-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Managing Member - Lynn M Parent 1-22-07 239-694-0038