


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L94000000250 1. Entity Name FORTIN, WALLACE & WILKES LIMITED COMPANY	
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Principal Place of Business 5701 DIVISION DRIVE FORT MYERS, FL 33905	Mailing Address 5701 DIVISION DRIVE FORT MYERS, FL 33905
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01082008No Chg-LLC

CR2E083 (12/07)

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**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

U00000838950
03/05/08-80051-006 138.75

PAID

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

2-12-08

Date

239-694-0038

Daytime Phone #