FILE NOW: Fee after May 1, will be \$588.75

INHSE10 P(12-98)

FILE NOW. Fee after May 1, will be \$500.75											
L	ED LIABILI ANNUAL F	REPORT			Sa DIVISIO	ndra B. M Secretary o ON OF COP	f State PORATIONS		· ·	TLED	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee								97 FEB 10 PM 3: 01			
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SHOWLING OF STATE			
of Limited Liability Company DOCUMENT #19400000559								TALLAHASSEE, FLORIDA			
WILLSHAR - SCHROEDER L.C. 1675 51ST COURT VERO BEACH FL 32966 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.								1a. Principal Place of Business Address 1675 51ST COURT VERO BEACH FL 32966			
					ailing Address			3. Date Organiz	red or Qualified	3a. Stat	e of Formation
								10/17/19	94	FL	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. FEI Number		I	Applied For
City & State				City & State				₩ 0E24E24			
City d Side			Oily a State				55-0524534				
Žip (Country	Country		Zip Co		try	5. Date of Last Report			cate of Status Desired
				<u> </u>				þ6/10/19	96	Site is to se	informal Fre Bisque ed
	7. Nam	e and Add	ress of Current	Registered	Agent		Name	8. Name and Add	iress of New Re	gistered /	lgent
RAYMOND, JOHN J JR 1200 N. FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432							Suite, Apt. #, et				
							City	Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE											
(Registered Agent Accepting				Appointment) (NOTE Registered Agent signature required when reinstat				ing)			
10. Title	ME ME	anaging Me	mbers/Manager	<u> </u>	├	Busin	ess Street Address		City	State and	Zip Code
	SCHROEDER, WILLIAM L 1 SCHROEDER, SHARON K 1				675 51ST COURT			•	VERO BE	ACH F	
·								50	POD 32 *****2	7.75 13.75	3656 1082002 ****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Davime Proce #											
		S	MANATURE AND TYPE	O OK PHINIED	NAME OF SIC	MANAGING	MEMBEH OH MANAGER	1	Date		Daytime Phone #