

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/26/2005-90086-022-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 AM 10:18



2nd MOORE CR2E083 (5/05)

DOCUMENT # **L94000000559**

1. Entity Name

WILLSHAR - SCHROEDER L.C.

L94000000559



Principal Place of Business

1675 51ST COURT
VERO BEACH FL 32966

Mailing Address

1675 51ST COURT
VERO BEACH FL 32966

2. Principal Place of Business

1675 51ST COURT

3. Mailing Address

1675 51ST COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32966

Country

Indian Riv

Zip

32966

Country

Indian Riv

4. FEI Number

65-0524534

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR
1200 N. FEDERAL HIGHWAY
SUITE 411
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHROEDER, WILLIAM L	
STREET ADDRESS	1675 51ST COURT	
CITY- ST- ZIP	VERO BEACH FL 32966	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHROEDER, SHARON K	
STREET ADDRESS	1675 51ST COURT	
CITY- ST- ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

REINSTATEMENT 2005

11. I 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/28/05 772 577 1823

Date

Daytime Phone #

William L. Schroeder