

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$365.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L94000000729

WEBB, MCQUEEN & COMPANY, P.L.
1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA FL 33950

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1a. Principal Place of Business Address

1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA FL 33950

3. Date Organized or Qualified

3a. State of Formation

01/01/1995

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0161812

5. Date of Last Report

6. Certificate of Status Desired

02/29/1996

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

WEBB, SANKEY E III
1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA FL 33950

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	WEBB, SANKEY E III	1625 WEST MARION AVE., STE	PUNTA GORDA FL
MRGM	MCQUEEN, PAULA F	1625 WEST MARION AVE., STE	PUNTA GORDA FL
MRGM	LORAH, GEOFFREY L	1625 WEST MARION AVE., STE	PUNTA GORDA FL

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****588.75 ****588.75

JB
8-22-97

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8-20-97

944-637-8884