

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000067

1. Entity Name
BIRKMEIER FLORIDA L.C.



Principal Place of Business
1165 CLAM COURT, #8
NAPLES, FL 33962

Mailing Address
1165 CLAM COURT, #8
NAPLES, FL 33962



03022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650932	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BIRKMEIER, KRISTEN E
1165 CLAM COURT, #8
NAPLES, FL 33962

**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, 2006

1000001456102
03/16/06 80013-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BIRKMEIER, KRISTEN E
STREET ADDRESS	1165 CLAM COURT, #8
CITY-ST-ZIP	NAPLES, FL 33962

TITLE	
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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: *Kristen E. Birkmeier* **Kristen E. Birkmeier 3-2-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #